Third Edition

Solution-Focused COUNSELING in Schools

John J. Murphy

American Counseling Association

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John J. Murphy

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Dedication

To Deb, Maura, Erin, Tom, and Helen—thanks for everything. It just keeps getting better.

To my late parents, Bob and Mary Murphy, thank you for your steady example and for being solution focused before there was a word for it.

To the students, parents, and teachers I have been privileged to serve, thank you for continuing to teach me how to be useful.

Preface

I spent the first 13 years of my career in one of the most economically depressed school districts in the United States. Students faced multiple challenges inside and outside of school. In the face of overwhelming obstacles, the students and families of this community taught me lessons about courage and resilience that I will never forget. There was Mary, the single mother of three teenagers who worked two extra jobs to pay for her kids' tutoring because, in her words, "I'll do whatever it takes to give my kids a better chance than I had to make something of themselves." And William, who walked his younger sister to and from school every day for 2 years to make sure she was safe. Then there was Lisa, a 20-year-old student with developmental disabilities, who tearfully described a litany of failures and frustrations dating back to kindergarten. Yet there she sat, bent but not broken, determined to graduate from high school in 2 months. These are just three of the many people I have been privileged to serve and learn from. Their stories and lessons are woven into every page of this book.

What's New in This Edition?

It doesn't seem like that long ago since the book's first edition was published almost 20 years ago. Although the goal remains the same—to offer practical and respectful ways to help students resolve problems—the methods continue to evolve based on new research, theoretical developments, and clinical practice. One thing that hasn't changed is the fact that schools are not set up to accommodate counseling, which means that we as counselors need to adapt our approach to the school setting. This requires flexibility and improvisation on our part, which may involve conducting counseling sessions on the fly whenever and wherever we can—in the lunchroom, on the playground, talking with a parent by phone, or walking alongside a student or teacher in the hallway. It also means approaching *every* contact as a solution opportunity.

In addition to covering standard solution-focused techniques, such as developing specific goals and building on exceptions, this edition expands the approach even more with new chapters and information in the following areas:

- The restrictive influence of problems on people's thinking, hope, and self-identity
- Relationship-building strategies
- The collection of systematic client feedback to monitor and improve services
- The coconstruction of solvable problems and practical goals
- Other applications of solution-focused practice in schools
- Discussion and practice exercises at the end of each chapter
- New and expanded appendixes

Organization

The book is divided into three parts. Part One begins with a new chapter on the problem with problems, along with a brief example of solution-focused counseling in schools. Chapters 2 and 3 address the empirical, conceptual, and therapeutic foundations of solution-focused counseling. Part Two provides the nuts and bolts of implementing solution-focused counseling in schools—*involving* students and caregivers by developing collaborative relationships (Chapter 4) and practical goals (Chapter 5), *investing* in what's right by building on exceptions (Chapter 6) and building on other student resources (Chapter 7), and *inviting* something different by changing the viewing (Chapter 8) and doing (Chapter 9). Part Two concludes with a chapter on how and when to end counseling. Part Three rounds out the book with chapters on troubleshooting when things don't go as planned (Chapter 11), other applications of solution-focused practice in schools (Chapter 12), and putting solution-focused practice into immediate action (Chapter 13).

Style and Terminology

The book's conversational style is intended to present ideas as clearly as possible. The term *clients* is used to describe anyone with whom you work to change a school problem, such as students, teachers, parents, school administrators, or others. The word *caregivers* includes parents, teachers, and others who supervise or care for students. *Counseling* refers to any interaction aimed at resolving a problem—individual meetings with students, consultations with teachers and parents, and so on. The word *solution* generally refers to a desirable change in the problem situation, not necessarily its complete resolution.

Real-World Examples

People seem to learn best through examples, so the book is full of real-life examples and dialogue from counseling sessions involving a wide range of school problems and preschool through secondary students, along with several teachers and parents. Commentary is often included in the dialogues to provide a vivid, first-hand experience of solution-focused counseling from the counselor's perspective. Unless otherwise noted, the examples and dialogues come from notes and tape recordings of my work with students and caregivers. Confidentiality has been maintained by disguising certain aspects of the situation so that individual students and caregivers are not identifiable. The term *counselor* is used in the dialogues for the sake of consistency.

Audience and Appeal

The book was written primarily for school counselors, psychologists, social workers, graduate students, and other mental health practitioners who work with young people and school problems. Teachers, parents, and school administrators have also commented on the usefulness of the book in their work. The book has been widely adopted as a text for graduate training programs in school psychology, school counseling, child counseling, social work, and allied professions.

In teaching classes and workshops all over the world, I have met a growing number of school practitioners, students in training, and laypersons who have successfully applied the book's ideas and techniques. The idea of doing what works as simply and efficiently as possible is a refreshing change from time-consuming counseling approaches that are more cumbersome and impractical for schools. Building solutions from what is right with students—their strengths, resources, wisdom, and feedback—also appeals to people's desire to empower, energize, and encourage struggling students instead of focusing exclusively on their deficits and weaknesses. The fact that solution-focused counseling accommodates a variety of cultural backgrounds and life experiences is another appealing feature in today's increasingly diverse world. These are just a few of the reasons why solution-focused counseling is being implemented by a growing number of school practitioners throughout the world. Of course, the only way to know if it has anything to offer you and your clients is to read on and decide for yourself.

Acknowledgments

I remain thankful to the late Insoo Kim Berg and Steve de Shazer, originators of solution-focused brief therapy, who taught me to see the best in clients without denying their pain and problems. The book also bears the influence of my friend and colleague Barry Duncan. What started out as a 1-year postdoctoral experience with Barry in Dayton, Ohio, has grown into many collaborations and a deeply valued friendship. Barry's passion for putting clients first is an ongoing source of inspiration.

I appreciate the support of the University of Central Arkansas (UCA), the UCA Psychology and Counseling Department, and the ideas and friendship of my colleagues and students. My students, too many to name, have provided valuable proofreading and feedback. Special thanks go to David Young, Diedre Henley, and Deb Murphy for their extensive help with this edition. I am grateful to Carolyn Baker, American Counseling Association associate publisher, for her unwavering support, competence, and friendship over the course of 20 years and three editions of this book. Words cannot express my gratitude for my family—Deb, Erin, Maura, Tom, and Helen. To students and workshop participants throughout the world—and readers of previous editions—thank you for your enthusiastic response to the work. Finally, I am indebted to the students and caregivers I have been privileged to serve, as they continue to teach me what works in helping people change.

About the Author

John J. Murphy, PhD, is a licensed psychologist and professor of psychology and counseling at the University of Central Arkansas. He continues to work with students and caregivers in schools and private practice and conducts training and consultation with state associations, school districts, and other agencies throughout the United States and overseas. Dr. Murphy was a public school teacher and full-time school psychologist before receiving his PhD in school psychology from the University of Cincinnati. He completed postdoctoral training in family therapy with Barry Duncan and has published widely on the topic of collaborative, solution-focused approaches with children, adolescents, and school problems. Dr. Murphy received the American School Counselor Association's Best Book of the Year award for the 1997 edition of *Solution-Focused Counseling in Schools* (American Counseling Association) and was named one of the top five school psychologists in the United States by the National Association of School Psychologists. His work has been featured in counseling textbooks, the *New York Times* bestseller *Switch, Fast Company* magazine, and the DVD training series *Child Therapy With the Experts*. Dr. Murphy is a sought-after keynote and workshop speaker who has presented to thousands of mental health professionals, teachers, and parents throughout the world. His workshops are known for their passion, practicality, and commitment to helping people change with dignity.

To invite Dr. Murphy to speak to your group or to offer feedback on the book, contact him at jmurphy@uca.edu. Visit his website (www.drjohnmurphy.com) to learn more about workshop offerings and other aspects of his work.

Part One
Foundations of Solution-Focused Counseling

Chapter 1

The Problem With Problems: Introduction to Solution-Focused Counseling

Chapter Objectives

- To discuss the restrictive effects of problems on the people who experience them
- To describe how solution-focused counseling counteracts the restrictive influence of problems and expands solution opportunities
- To introduce solution-focused counseling in schools through a brief scenario involving a student named Alicia

• • •

Although the world is full of suffering, it is also full of the overcoming of it.

—Helen Keller

Persistent problems can suck the life out of students and their caregivers. It may seem strange to discuss problems at the beginning of a book about solutions. But if it weren't for problems, we would not need solutions. This first half of the chapter describes (a) the restrictive influence of serious problems on students and caregivers and (b) how solution-focused counseling counteracts this influence and expands possibilities. The chapter concludes with two counseling scenarios involving a student named Alicia. The first scenario describes a traditional, problem-focused approach to counseling Alicia, whereas the second introduces solution-focused counseling as a practical alternative to traditional approaches.

The Problem With Problems

Problems survive through our cooperation with their requirements.

—Michael White

The problem with problems is that they impact people in ways that extend well beyond the problem itself. The ongoing experience of a serious school problem can lead students to adopt a problem-centered perspective of themselves and their circumstances—a perspective that empowers the problem and restricts solutions. Ironically, this perspective smothers students' creativity, confidence, and hope at the very time they need them the most. This section examines the restrictive influence of problems and describes how solution-focused counseling invites people to expand their thinking, hope, and self-identity.

Problems Restrict Thinking

Think about a time when you experienced a serious problem and ask yourself whether your thinking was more flexible and creative—or less so—during that time compared to other times in your life. Most people report that their thinking is less creative when they are struggling with a problem. Simply put, the oppressive and overwhelming experience of a serious problem makes it harder to think about new possibilities and solutions. An ongoing school problem can similarly limit the way students and caregivers think about potential solutions.

The weight of a school problem adversely affects two critical features of creative thinking—scope and flexibility. The broader and more flexible a person's thinking is, the more likely it is that a solution will emerge. Unfortunately, problems have a way of narrowing and hardening our thinking in ways that hinder solutions. Picture a river flowing and twisting through the walls of a canyon. Imagine the canyon walls slowly converging and forcing the river into a progressively thinner path. Now picture the river gradually freezing over, inch by inch, until it becomes one big sheet of ice. These images portray the restrictive influence of problems on the range and flexibility of thinking. The more frozen or rigid a person's thinking becomes—whether he or she is a student, teacher, parent, or counselor—the less able that person is to think of creative solutions.

Physical and emotional reactions also restrict the way we think about problems and solutions. Fatigue, stress, and irritability—all of which are common reactions to serious and ongoing school problems—limit our ability to generate new ideas and actions. Given that students and caregivers typically struggle with a school problem for weeks or even months before seeking assistance, it is no wonder that they often say "I don't know" when asked about potential solutions. They're being honest, not resistant.

Although experiencing a problem adversely impacts the thinking of everyone involved, the impact is most pronounced for those on the front line who directly encounter the problem day in and day out —students, teachers, and parents. Here is how a parent named Helen described the relationship between her son's school problem and her thinking: "The bigger his problem gets, the smaller my brain gets." As Helen elaborated on this comment, it became clear that she was quite capable of thinking in creative and resourceful ways in addressing other aspects of her life. When it came to her child's problem, however, her thinking became more rigid and narrow. Helen is not unique in this regard. She was describing the uncanny knack of problems to limit the range and resourcefulness of our thinking.

The manner in which problems restrict thinking was elegantly described by the researchers and clinicians of the Mental Research Institute in Palo Alto, California (Fisch, Weakland, & Segal, 1982). After analyzing hundreds of problems and therapy sessions over the course of several years, the Mental Research Institute group discovered that clients typically repeated the same solution attempts over and over again despite their ineffectiveness of solutions in resolving the problem—a pattern the researchers referred to as "more of the same." They concluded that people often become rigidly devoted to a particular idea or solution—even one that is not helping—because they believe it to be the only sensible and reasonable response to the problem. In the words of French philosopher Émile Chartier, "Nothing is more dangerous than an idea when it is the only one you have."

How Solution-Focused Counseling Expands Thinking

Solution-focused counseling increases solution opportunities by inviting people to expand the way they think about problems and solutions. This is done by exploring any hints of variation and flexibility in the language of students and others. For example, if a student says, "I get after-school detention *almost* every day," we can ask for a description of how detention days are different from nondetention days. We can also invite students to consider broader ways to think about problems and solutions. For instance, we can ask how they have managed to cope with the problem and kept it from getting worse. We can also ask what advice they would offer others who are struggling with a similar problem at school. These questions enhance solutions by loosening and expanding the way students and caregivers think about school problems.

Problems Restrict Hope

When it comes to solving problems, hope is the fuel for effective action (S. D. Kelly, Bickman, & Norwood, 2010; Marques, Lopez, Rose, & Robinson, 2014). Just as a fuel-powered car requires gasoline to operate properly and move forward, students require an adequate level of hope to take action toward resolving school problems and improving their lives. Unfortunately, the ongoing experience of a school problem can diminish the hope of everyone who is involved in it. It is no wonder that many students and caregivers feel hopeless and defeated when we first meet with them. They may have struggled with the problem for a long time and tried various strategies with little success. These experiences contribute to a problem-dominated outlook that depletes people's sense of hope and possibility.

The burden of ongoing school problems can lead students to adopt a "What's the use?" or "Why even try?" position—a clear sign that hope is in short supply. Consider Michelle, a high school student with a long history of behavior problems. When I asked how these problems had affected her, she said, "It's like being stuck in quicksand. As soon as I start pulling myself out and things get a little better, something happens and down I go. No matter how hard I try, I always end up back where I started." Michelle's description vividly captures the way that problems can chip away—one failure at a time—at a person's hope, energy, and motivation. As is the case for many struggling students, Michelle's hopelessness was a natural consequence of ongoing problems and failures at school.

In addition to helping students sustain their hope, we need to nourish our own hope by having faith in their ability to change—and faith in the counseling process itself (Wampold, 2010). The next section describes how solution-focused counseling bolsters the hope of students, parents, teachers, and counselors.

How Solution-Focused Counseling Expands Hope

Solution-focused counseling boosts hope by (a) developing goals that matter to students and (b) focusing on strengths, resources, and future possibilities. Values breed purpose, and purpose breeds hope. One of the surest ways to ignite students' hope is to develop counseling goals that are linked to their deepest values and aspirations. This gives students a self-generated reason to improve their school behavior and performance. I have been amazed at how hopeful and persistent students can be when they are pursuing goals that matter to them. Solution-focused counselors can instill hope by helping students to identify their deepest values and to link their school performance to these values.

In contrast to traditional approaches that spend a significant amount of time diagnosing and discussing problems, solution-focused counseling focuses on people's strengths, resources, and possibilities. I have found that when given the choice of what to talk about in counseling, most students prefer to focus on what they can do to make things better (future possibilities) rather than what they have done to make things worse (past problems). Solution-focused counselors honor this preference by building interventions and solutions from the unique strengths and resources of students and others. The solution-focused strategy of building on exceptions—times when the problem is absent or less noticeable—boosts people's hope and energy by reminding them that the problem is not *always* happening and that they are doing *something* right.

Attending to strengths and successes boosts hope not only for those who receive counseling but also for those who provide it as well. For example, some researchers have found that counselors who focus on clients' assets and competencies are more hopeful and less prone to experiencing burnout than those who focus on deficits and dysfunction (Snyder, Michael, & Cheavens, 1999). The ideas and methods in this book help practitioners relate to students and caregivers in hopeful ways even in the most serious of circumstances.

Problems Restrict Self-Identity

In addition to restricting our hope and thinking, problems also limit the way we view ourselves. Of all the ways that problems influence people, this may be the most troublesome because everything we do—and the energy with which we do it—is rooted in our perceptions of who we are. Students and caregivers who repeatedly struggle with a problem may begin to view *themselves* as the problem—a view that diminishes their identity and impedes solutions. Consider the following statements from a student, a teacher, and a parent: "I'm a bad student," "Maybe I'm not cut out to be a teacher," and "I'm just like my father because I have no patience with my kids." When people fuse their problems with their self-identities, they lose faith in their ability to build solutions.

The diagnosis and labeling of students with school problems can be an impediment to building solutions. I recall a 13-year-old student who boldly introduced himself by saying, "I'm Justin, and I'm OCD and ADHD." I couldn't help but wonder what impact these labels had on Justin's view of himself. Although Justin's example is more dramatic than most, it is difficult for many young people to separate themselves from their diagnoses. This discussion is not intended to portray diagnosis as debilitating or unhelpful in all situations. Some people may experience relief after receiving a diagnosis, not to mention the fact that a diagnosis is often required before a child can receive certain types of services in schools, clinics, mental health centers, and other settings. More often than not, however, I have found that diagnostic labels limit the way students view themselves and their possibilities. The diagnosis and labeling of students—whether formal or informal—can also restrict the way caregivers view and treat the labeled students.

All of the factors addressed in this section contribute to a problem-saturated identity on the part of students and others involved with the school problem (White, 2011). Regardless of how long the problem has been occurring or whether the student has been formally diagnosed, most people enter counseling feeling defeated and engulfed by the problem. This problem-saturated perspective becomes even more entrenched when counselors spend the bulk of their time with students talking about—of all things—the students' problems and deficiencies. The last thing problem-saturated students and caregivers need from us is another reminder of what is wrong with them!

How Solution-Focused Counseling Expands Self-Identity

Solution-focused counseling expands self-identity by promoting a richer and more balanced description of students—a description that contains their problems *and* possibilities, their struggles *and* victories, and their failures *and* successes. Techniques that are particularly helpful in this regard include (a) building on people's strengths, successes, and other resources; (b) complimenting them on their resilience and other positive attributes; and (c) treating them as persons versus problems, as experts on themselves, and as essential contributors to solutions. Building on strengths and resources not only boosts hope, as discussed earlier, but also enhances people's sense of dignity and self-efficacy by conveying that they possess valuable assets and attributes. For example, talking with struggling students about their successes and hobbies reminds them of what is right and working in their lives—a refreshing change from the more common focus on what is wrong and not working.

Complimenting students, teachers, and parents also helps to counteract the restrictive effects of problem experiences on their self-perceptions. In solution-focused counseling, compliments are often folded into questions such as, "How have you managed to cope with this so far?" and "Where do you find the strength to keep trying?" These questions acknowledge people's resilience while yielding useful information about specific skills and resources that can be applied toward solutions.

Other methods of reducing the adverse effects of school problems on people's self-perceptions include separating people from their problems ("When did this problem first enter your life?"), asking their advice on helping others ("What would you tell another third grader who wants to do better in school?"), and attributing positive changes to their decisions and actions ("How did you resist the urge to yell at the teacher and walk out of class like you used to do?"). As evidenced throughout the book, solution-focused counseling offers a variety of tools for boosting people's self-image and counteracting the confining effects of school problems.

A Summary of the Problem With Problems

The problem with problems is that they wear people down and narrow their thinking, hope, and self-identity—all of which makes it difficult to develop solutions. That's the bad news. The good

news is that we can do something about it. Solution-focused counseling offers practical strategies for talking with students, teachers, and parents in ways that expand their thinking, hope, and self-identity. This refreshing approach to school problems is illustrated next in the story of Alicia.

Alicia's Story

Force is no remedy.

—John Bright

This section introduces solution-focused counseling through the story of a high school student named Alicia. After describing a traditional problem-focused approach to the situation, I present solution-focused counseling as a practical way to enlist Alicia's cooperation and resolve the problem.

Going Nowhere Fast

Alicia, age 16, was referred for counseling because of academic and behavior problems. Most of the problems occurred in Mr. Wood's science class. Mr. Wood described Alicia as "defiant and unmotivated," adding that she was failing his class for the second time despite having the academic ability to pass. He said that he was "frustrated and out of ideas," a statement that clearly reflected the restrictive influence of the problem on his hope and thinking.

When confronted by her teachers and parents about school problems, Alicia would shrug her shoulders and say things like, "It's not my problem," "Science is stupid," "Nobody understands," and "I wish everyone would just leave me alone." Her parents' efforts to reason with her usually ended in a shouting match. Everyone involved was frustrated and fatigued by the problem.

Alicia's parents and teachers asked the school counselor to meet with her and "make her understand" what she was doing to herself. They also wanted to know why she refused to work harder and behave better in school. Alicia arrived at the counselor's office, slumped down in the chair, and stared at the floor.

Counseling Session 1: Getting Through to Alicia

Counselor: Alicia, I'm trying to help you here, but you have to cooperate. I can't do it for you, your teachers can't do it for you, and your parents can't do it for you. You are the only one who can make things better for yourself, and things will keep getting worse until you decide to do that. Why are you making this so hard for yourself and everybody else?

Alicia: [*shrugs her shoulders and slumps lower in the chair*] I don't know.

Ten minutes later …

Counselor: Alicia, we're all trying to help you. If we didn't care about you, we wouldn't be spending this time trying to help you. Do you know what I'm saying?

Alicia: Yep.

Counselor: Well, what are you going to do?

Alicia: [*shrugs her shoulders*] I don't know.

Counselor: Well, I hope you're going to make a good choice and turn things around for yourself. Your discipline record keeps getting worse, and your grades are not going to look good on your transcript. It's going to get worse unless you do something about it.

Alicia: Can I go now? The bell is about to ring.

Counselor: Yes, you can go. Please think about what I said. I've seen these things get worse and worse for students. The sooner you change, the better. Okay?

Alicia: Yep [*makes a hasty exit*].

Going Nowhere Even Faster

Things got worse over the next few weeks. Alicia received several in-school suspensions and was being considered for alternative school. As the problem gained power and momentum, people intensified their responses in the following ways:

- Mr. Wood and several other teachers lectured Alicia about her attitude and performance, frequently sending her out of class to the discipline office.

- Alicia's parents kept asking her why she refused to change. They told the counselor that they had tried everything, and nothing had worked.
- The counselor felt frustrated and helpless because everyone was looking to counseling for the quick fix.
- Alicia refused to acknowledge the problem or the need to change. She continued to feel angry and misunderstood by her teachers, her parents, and the school counselor.

Counseling Session 2: More of the Same

Alicia met for a second time with the counselor, who reaffirmed the gravity of the situation and reminded her that she was headed for serious consequences unless she changed quickly.

Counselor: You're digging a big hole for yourself, and it's getting harder to get out of. What's it going to take, Alicia?

Alicia: Huh?

Counselor: What's it going to take for you to pull yourself out of this mess?

Alicia: [*shrugs her shoulders*] I don't know.

Counselor: Do you realize how close you are to a suspension or alternative school?

Alicia: Pretty close.

Counselor: Real close. Are you willing to shape up in Mr. Wood's class?

Alicia: I guess so.

Alicia left the office—shoulders slumped and head down—to return to class. The counselor felt defeated, and the problem remained unchanged.

More of the Same: A Common Scenario in Schools

Alicia's story is a familiar one for many students, parents, teachers, and counselors. Everyone involved is stuck in a vicious cycle. The harder they try to resolve the problem, the worse it gets—and the worse it gets, the harder they try.

Part of the problem with problems lies in our approach to them. Traditional assessment and treatment models focus on understanding and correcting the problem. Assessment clarifies the problem's origin, history, and presumed causes; treatment addresses people's deficiencies and weaknesses. In school counseling, an exclusive focus on the problem implies that there is a direct relationship between a problem and its solution—a widely accepted yet unproven assumption. The problem-driven approach also implies that there is something wrong or defective about the student. When students do not implement the counselor's suggestions, they are considered resistant. As if the school problem isn't challenging enough by itself, we now have two problems—the original one *and* the student's so-called resistance. As illustrated with Alicia, making repeated attempts to impose our will on students and talk them into our way of thinking is like trying to push a river in the opposite direction—we get tired and the river gets stronger.

How is it that we get into the rut of doing more of the same even when it is not working? Better yet, how do we get unstuck and avoid these ruts in the first place? How can we enlist students' cooperation? Is there a better way to approach students and school problems? These questions are addressed throughout the remainder of this chapter and book.

Solution-Focused Counseling: A Practical Alternative to More of the Same

You cannot solve a problem with the same type of thinking that created it.

—Albert Einstein

This book offers a strengths-based approach that shifts the focus from what's wrong with students to what's right. Student resources are actively sought and applied toward solutions. This positive focus engages students' motivation and leads to more efficient and lasting solutions.

Solution-focused counseling is based on the simple idea that we work for the student, not the other way around. Counseling outcomes improve when we conform to students instead of expecting them to conform to us. Solution-focused counselors partner with students in setting goals, selecting interventions, and evaluating outcomes. Students become invested in counseling when their opinions and preferences are actively sought, respected, and integrated into the change process. These ideas and strategies are woven into the following illustration of a solution-focused approach to Alicia.

Alicia Revisited: A Solution-Focused Approach

The following excerpt is from Alicia's first meeting with a different counselor later in the school year. Unlike the previous counselor, who tried to convince Alicia that she needed to change, the new counselor adopted a solution-focused approach that involved

- asking Alicia what she wanted from counseling instead of trying to talk her into a different goal
- cooperating with Alicia's view of the problem instead of ignoring or challenging it
- focusing on what was right versus what was wrong with Alicia

Note the difference in Alicia's response to this new approach.

Counselor: I've already talked to your parents and some of your teachers, so I have a pretty good idea of where they're coming from. But I need your help. I need to know what *you* want to see happen with all this school stuff.

Alicia: I'll tell you, but you probably won't believe me.

Counselor: Try me.

Alicia: Okay. I want to get a better grade in science. Nobody believes me, but I do.

Counselor: Why do you want a better grade?

Alicia: I don't want to take this class again for the *third* time. I couldn't handle that.

Counselor: Two times is enough, huh?

Alicia: Yes.

Counselor: What kind of grades are you making?

Alicia: Ds and Fs.

Counselor: Why do you want different grades?

Alicia: What do you mean?

Counselor: Well, everybody's different. I've met some students that are okay with getting a D or an F, and others that want an A. So I was wondering what kind of grade you would be satisfied with.

Alicia: I'd rather have a C average. It's my second year in this stupid class. I failed last year, and I *have* to pass this year. I couldn't live through another year of this.

Counselor: Have you ever had a C in science for any quarter or grading period last year or this year?

Alicia: Yeah.

Counselor: When?

Alicia: Second quarter. It's been Ds and Fs since then. Mostly Fs.

Counselor: The second quarter of *this* year?

Alicia: Yeah.

Counselor: Just a couple of months ago?

Alicia: Yeah.

Counselor: Wow. What was different about that second quarter when you got the C?

Alicia: I just sat there and did my work, but now there are people around me talking and messing around and all that. And he blames it on me and kicks me out, but he doesn't kick them out. He'll give them a couple minutes after class, and that's as far as it goes.

Counselor: Do you feel like he's picking on you?

Alicia: Yeah.

Counselor: Singling you out and just trying to nail you?

Alicia: Yeah.

Counselor: Okay.

Alicia: He calls my home, too, and tells my stepdad stuff. Then my stepdad yells at me, and I try to tell him it wasn't my fault. He says, "I don't want to hear it," and then I get grounded.

Counselor: So this science class thing is causing you problems at school *and* home?

Alicia: Yeah. It's a real bite.

Counselor: Sounds like it. What are some things you've already tried to help improve your grades and get you to your goal of passing the class?

Alicia: Asking more questions.

Counselor: What do you mean?

Alicia: Sometimes I'll ask questions. I'll ask him how to do something and he'll say, "Put your hand down. Wait until later." Then he wonders why we don't turn in our work.

Counselor: So asking questions hasn't worked?

Alicia: No.

Counselor: Okay. What other things have you tried?

Alicia: I've tried sitting in the back and not saying anything.

Counselor: How did that work?

Alicia: What do you mean?

Counselor: Did you get kicked out more often or less often when you sat in the back compared to when you sat other places?

Alicia: Less.

Counselor: So it worked out better for you?

Alicia: It worked out better for me because I was farther away from him.

Counselor: Were your grades better or worse when you sat in the back?

Alicia: Probably better, because I paid more attention, and I took the work home to do. Plus, when I'm in the back, I'm not around my friends, and that probably helps. My friends get pretty rowdy sometimes.

Counselor: Okay. Is it possible for you to sit in the back now?

Alicia: I don't know. I guess. He doesn't care where we sit.

The Rest of the Story

The counselor and Alicia continued to discuss how she could do more of the things that helped her

get better grades, such as sitting away from her rowdy friends. Several strategies for improving grades were developed, and Alicia implemented most of them. Discipline referrals decreased by about 50% during the rest of the school year. Although she did not earn a C in science, she improved enough to pass the class and move on to 11th grade.

Dropping the Rope Versus Pulling Harder

Serious school problems can lead to tug-of-war contests between adults and students. The harder we try to pull students toward our way of thinking, the deeper they dig in and pull back in the opposite direction. Meanwhile, the tension grows and the knot tightens. The best way to avoid these power struggles in the first place is to not pick up the rope at all. But that is easier said than done, especially when working with young people who are acting in counterproductive ways. When we find ourselves tugging on the other end of the rope by trying to force students into changing, we can drop the rope altogether and work with them rather than against them. In Alicia's case, the power struggles with her first counselor were avoided when the second counselor worked *with* her perceptions instead of ignoring or attempting to change them. Alicia cooperated because there was nothing to resist. After all, you can't have a tug of war if no one is pulling the other end of the rope.

Alicia's story illustrates several reasons why solution-focused counseling is a good fit for students, schools, and school practitioners. Most students do not refer themselves for services; they enter counseling as mandated, involuntary clients. As seen with Alicia, solution-focused counselors meet students where they are by cooperating with their perceptions instead of trying to force them to see things differently. Exploring the strengths and successes of struggling students engages their attention because most of their school-related conversations with adults focus on what is wrong with them. The positive aspect of solution-focused counseling also appeals to parents and teachers, many of whom experience relief and motivation when they realize that they—and their children—are doing *something* right. Alicia's story also illustrates the efficiency of solution-focused counseling—an efficiency that results from building on what is already available in the lives of students.

Summary and Conclusions

This chapter described how school problems can limit the thinking, hope, and self-perceptions of students and others along with how solution-focused counseling counteracts these influences. The confining grip of school problems—and the manner in which solution-focused counseling loosens this grip—were demonstrated in the story of a high school student named Alicia.

Alicia's story illustrated what works and does not work in counseling students. As evidenced with the first counselor, we sometimes challenge or ignore students' perceptions when they appear irrational or unwise. Unfortunately, this usually empowers the problem and makes matters worse. Instead of trying to force Alicia into changing, the second counselor treated her as a competent collaborator and consultant. Alicia supplied all the material for intervention and was actively involved in developing strategies for improving her performance in science class. It was no surprise that she followed through on these strategies; after all, it is hard to resist one's own ideas. As illustrated throughout this book with a variety of clients (see Appendix A), solution-focused counseling treats students and others as expert consultants and makes generous use of their strengths, input, and resources. Solution-focused counseling counteracts the oppressive influence of school problems and enables counselors to become a voice of hope and possibility for students, teachers, and parents.

Discussion and Practice

1. Think of a current student, teacher, or parent whose thinking, hope, or self-identity has been adversely affected by a difficult school problem. Based on the content of this chapter, what could you do in your work with this person to counteract the problem's influence and enhance solutions?
2. Think of a time when you experienced a problem that limited your hope, self-perceptions, and thinking in ways that stifled your ability to resolve the problem. What finally helped you to develop a solution? How could you adapt and apply a similar strategy in your counseling work with students and caregivers?
3. How did the second counselor's approach to Alicia differ from the more typical problem-focused approach to counseling young people with school problems?
4. Select a small group of elementary or secondary school students who are willing to share their ideas about what works best in adults' efforts to help them. Ask them to brainstorm a list of do's and dont's that they would recommend to counselors who work with students on school problems.
5. During your next two counseling sessions with students, treat them as expert consultants by (a) requesting their ideas for improving things at school and (b) discussing how these ideas might be incorporated into school-based interventions.
6. Consider starting a student advisory group consisting of four or five students who are willing to meet once a month to share ideas and advice about what you and other counselors can do to be most effective with students. Similar advisory groups can be formed with teachers or parents.
7. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 2

Empirical and Conceptual Foundations

Chapter Objectives

- To summarize the core ingredients of effective counseling as indicated by research on common factors of change
- To discuss the conceptual foundations of solution-focused counseling in schools
- To describe key features of child and adolescent development along with strategies for accommodating developmental issues in school-based counseling

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To see people in terms of pathology or to see them in terms of competence is a matter of choice rather than truth.

—John Weakland

Alicia from Chapter 1 illustrates the practical benefits of solution-focused counseling in schools. This chapter describes the following empirical and conceptual foundations of this positive, strength-based approach to resolving school problems:

- Core ingredients of effective counseling
- Social constructionism and the power of dialogue
- Systems theory
- Positive psychology
- Treatment acceptability
- Cultural responsiveness
- Empowerment
- The sociology of childhood
- Developmental considerations

Core Ingredients of Effective Counseling: The Change Pie

Change is the essence of counseling. Students enter counseling because someone, usually a teacher or parent, desires a change in their school performance or behavior. *The usefulness of counselors depends largely on their ability to help people change.* Research in psychotherapy and counseling offers valuable hints about how to do so.

Let's start with some good news. Counseling works for the majority of people who receive it (Lambert, 2013)—including children and adolescents (Weisz, Ng, Rutt, Lau, & Masland, 2013). This encouraging finding leads to the questions that drive the remainder of the book: What are the core ingredients of effective counseling, and what can we do to activate these ingredients in our work with students and others?

Conducting and interpreting counseling research is difficult because many variables can impact outcomes in any given situation. Fortunately, researchers have thoroughly examined the literature to identify the most powerful elements of successful counseling. These elements are concisely summarized in Figure 2.1, which is based on rational analyses of decades of outcome research in psychotherapy and counseling (Asay & Lambert, 1999; Lambert & Ogles, 2004). The figure includes hundreds of empirical studies with a wide range of clients, settings, problems, and practitioners.[1]

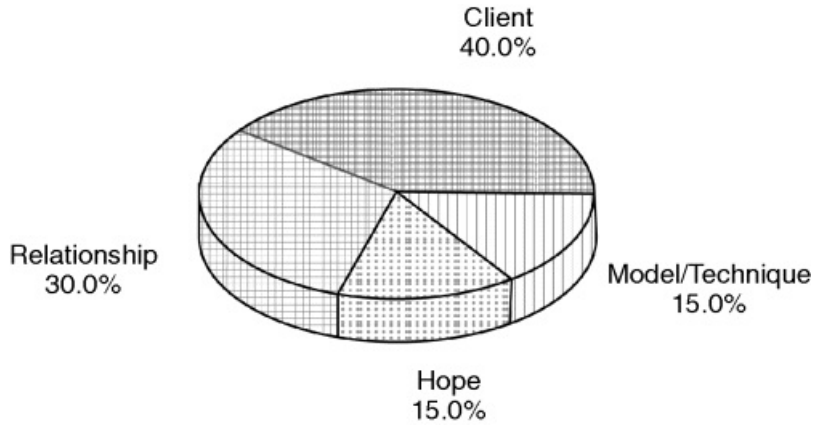

Figure 2.1 Common Factors of Change and Their Percentage Contribution to Successful Outcomes (The Change Pie)

Note. Adapted from "The Empirical Case for the Common Factors in Therapy: Quantitative Findings," by T. P. Asay and M. J. Lambert, 1999, in *The Heart and Soul of Change: What Works in Therapy,* by M. A. Hubble, B. L. Duncan, and S. D. Miller (Eds.), Washington, DC: American Psychological Association. Copyright 1999 by the American Psychological Association. Adapted with permission.

On the basis of their analyses, Lambert and colleagues (Asay & Lambert, 1999; Lambert & Ogles, 2004) concluded that successful outcomes result primarily from the operation of four interrelated ingredients, or common factors, of change. These factors and their percentages of contribution to effective outcomes are as follows:

- *Client factors* (accounting for 40% of change)—perceptions, opinions, strengths, interests, values, social supports, and other resources
- *Relationship factors* (accounting for 30% of change)—respect, validation, and collaboration
- *Hope factors* (accounting for 15% of change)—positive expectancy and anticipation of change
- *Model/technique factors* (accounting for 15% of change)—the practitioner's theory and techniques

These ingredients are called *nonspecific* or *common* factors because they are common to effective outcomes regardless of the counselor's specific model or theoretical orientation (Wampold, 2010). They are highly interrelated in that enhancing one factor strengthens the others (Imel & Wampold, 2008). For example, students often become more optimistic (hope factor) when encouraged to apply their strengths and resources (client factor). Likewise, students and others will be more likely to implement a counselor's suggestions (model/technique factor) when they view the counselor as caring and respectful (relationship factor). Every strategy in this book is designed to activate these

potent elements of change. Each factor is described here with the help of a culinary metaphor.

Client Factors: The Filling

If you picture the common factors of change as key ingredients of a home-baked pie (Murphy & Duncan, 1997), client factors represent the main ingredient: the filling. Ignoring students' strengths, opinions, and other resources is like baking a pie without the filling. Not a very tasty prospect.

Client factors consist of the naturally occurring assets that all students bring to counseling, including their cultural heritage, life experiences, interests, successes, values, resilience, and social supports. Based on recent reviews of research on the role of clients in counseling and therapy, Bohart and colleagues concluded that "the time has come to set the story straight, to spotlight the largest and most neglected factor in treatment outcome: the client" (Bohart & Tallman, 2010, p. 84) and that "there is an abundance of data that points to the crucial nature of client contributions to therapy outcome" (Bohart & Wade, 2013, p. 247). As indicated in Figure 2.1, Asay and Lambert (1999) reported that client factors account for a substantial 40% contribution to effective outcomes in counseling.

These research findings urge us to treat students as partners in the change process and to help them apply their strengths and resources toward solutions. As illustrated with Alicia in Chapter 1, solutions emerged when the second counselor worked with Alicia to discover and apply her ideas and previous successes. Client factors are there for the asking with every student and situation, and solution-focused counseling actively seeks out these resources in every conversation with a student, teacher, or parent.

Relationship Factors: The Crust

Relationship factors are the second most important ingredient in counseling, representing a 30% contribution to change (Asay & Lambert, 1999). The client–counselor relationship consists of the attitudes and feelings that the client and counselor have toward each other and the ways in which they are expressed (Norcross, 2011), which includes the client's experience of caring, empathy, respect, collaboration, validation, and encouragement from the counselor. The relationship serves as the crust or container that holds the other ingredients in the change pie together.

Of all aspects of the client–counselor relationship, the therapeutic alliance is the most researched. *Alliance* refers to the quality and strength of the collaborative bond between the client and counselor. The alliance is typically measured by the relational bond or connection between the client and counselor and their agreement on counseling goals, topics of conversation, and intervention tasks. Many empirical studies and research reviews have verified the strong link between clients' perceptions of the therapeutic alliance and treatment outcomes (Crits-Christoph, Connolly Gibbons, & Mukherjee, 2013; Horvath, Del Re, Flückiger, & Symonds, 2011; Norcross, 2010; Orlinsky, Rønnestad, & Willutzki, 2004). The stronger the alliance, the better the outcomes.

Though most of the research has involved adults, the powerful role of relationship factors has also been demonstrated in child and adolescent counseling (Karver, Handelsman, Fields, & Bickman, 2006; S. D. Miller, Wampold, & Varhely, 2008; Shirk, Jungbluth, & Karver, 2012; Spielmans, Pasek, & McFall, 2007). Some studies suggest that collaborative relationships, although important for all clients, are most critical when counselors are working with people who experience low levels of social support (Leibert, Smith, & Agaskar, 2011) and young people who enter therapy as involuntary clients with an understandable degree of anger and suspicion (Bolton-Oetzel & Scherer, 2003; Garner, Godley, & Funk, 2008). When asked what they most need and appreciate from counselors, young people emphasize the importance of listening to and respecting their ideas rather than telling them what to do (Dunne, Thompson, & Leitch, 2000; Everall & Paulson, 2006; Freake, Barley, & Kent, 2007). The fact that most students enter counseling at someone else's request reinforces the importance of cooperative relationships in school-based counseling.

After analyzing hundreds of research studies, Orlinsky et al. (2004) concluded that (a) the client's perception of the alliance is the most reliable predictor of counseling outcomes and (b) client participation is the key to a strong alliance. Client participation—also called *client involvement*—refers to clients' engagement, contributions, and collaboration throughout the counseling process. Counseling works best when clients are actively involved, when they experience a positive relationship with the counselor, and when counseling addresses what they see as important. The methods in this book strengthen client–counselor relationships by (a) inviting students to take an

active role in counseling and to apply their strengths and resources toward solutions, (b) monitoring their perceptions of progress and alliance, and (c) adjusting services in response to their feedback.

Hope Factors: The Anticipation

Hope factors consist of students' expectations about the likelihood of change and their confidence in their ability to make important changes and reach their goals. In the pie metaphor, hope factors can be viewed as the positive anticipation of eating the pie.

The well-documented placebo effect attests to the power of hope in the counseling process. The placebo effect occurs when people who receive a sham drug or *placebo*—a pill that looks like the real thing but lacks any active chemical ingredients—feel better than people who receive nothing and often as good as those who receive the actual drug (Whalley, Hyland, & Kirsch, 2008). Placebo effects have been repeatedly observed in medicine and other forms of health care, including psychotherapy (Kirsch, 2010; Price, Finniss, & Benedetti, 2008). These convincing findings lead to the simple conclusion that people who expect to get better usually do.

Another important feature of hope is *self-efficacy,* which refers to a belief in one's ability to resolve problems and reach goals (Bandura, 2006). In a series of self-efficacy experiments, Carol Dweck and colleagues (Dweck & Master, 2008; Molden & Dweck, 2006) found that children who linked achievements to their own strengths and actions were likely to sustain their success in the future. These studies encourage counselors to connect school successes to the efforts of students through questions such as, "What did you do differently to finish all your homework last night?" and "How did you come up with that idea?"

The last thing struggling students need is a reminder of what is wrong with them; what they need is a strong dose of hope. Hope is enhanced when we focus on people's strengths and possibilities without denying the pain and frustration of the problem. We can strengthen our hope and that of our clients by (a) viewing people as competent and resourceful, (b) acknowledging both problems and possibilities, (c) focusing on the future, and (d) trusting in the inevitability of change and the potential of the counseling process. Box 2.1 provides an opportunity to reflect on hope from a personal perspective.

Box 2.1

What Gave You Hope?

Think of a time when you struggled with a problem on your own with little success and then talked to someone who helped you gain a more hopeful or optimistic perspective.

- What did the person say or do that was most helpful in improving your outlook?
- How might these same elements be applied in conversations with students, parents, teachers, and others with whom you work to resolve school problems?

• • •

Model/Technique Factors: The Topping

Model/technique factors refers to the counselor's theory about how change happens and the techniques that follow from that theory. These factors add structure and coherence to the counseling process, yet their 15% contribution to outcomes is relatively modest compared to the collective 85% contribution of client, relationship, and hope factors. Some researchers have reported an even smaller effect of model and technique factors (Wampold, 2010).

Counseling models and methods are like the pie's topping, which is important to the overall appearance and taste of the pie but does not stand up well on its own. Without the support of the other ingredients, theories and techniques fall flat and are nothing but fluff. In contrast to the medical notion that interventions operate on clients to produce outcomes, counseling research suggests that clients operate on interventions to produce positive outcomes (Bohart & Tallman, 2010). The success of a counseling idea or technique depends largely on the extent to which it activates the other ingredients of change, which counselors can do by (a) selecting and tailoring techniques to fit the client's expectations, preferences, and resources; (b) requesting ongoing client feedback on the usefulness and fit of services; and (c) trying something different when one approach or technique is not working.

Despite marketing claims to the contrary, no single treatment model or method has proven superior to others in terms of overall effectiveness with adults (T. Anderson, Lunnen, & Ogles, 2010; Benish, Imel, & Wampold, 2008; Lambert, 2013) or children (S. D. Miller et al., 2008; Spielmans et al., 2007). This well-replicated finding reinforces the importance of our being flexible and adapting our techniques to individual students instead of expecting them to conform to our favorite theories and techniques—and calling them resistant when they don't!

Attempting to talk people into different beliefs or actions is like barging into a house and rearranging the furniture without the owner's permission. As soon as you leave, most people will move everything right back where they had it. As illustrated with Alicia in Chapter 1, one of the surest ways to paralyze a potentially good idea is to force it on students against their will. Alicia's first counselor tried to rearrange the furniture, with predictably poor results. The second counselor achieved better outcomes by tailoring the counseling approach and methods to Alicia's perceptions, goals, and resources.

Summary of Outcome Research: Baking a Pie With All the Ingredients

Positive outcomes result from the operation of four common factors of change: client, relationship, hope, and model/technique factors. Effective counseling involves baking a pie with all of the ingredients by (a) discovering and applying people's strengths and resources (client factors), (b) developing collaborative relationships (relationship factors), (c) focusing on future goals (hope factors), and (d) using counseling techniques that fit clients' preferences and resources (model/technique factors). This book folds these ingredients into a practical recipe for school-based counseling.

Social Constructionism and the Power of Dialogue

Truth is not what we discover but what we create.

—Saint Exupery

What we say in counseling and *how* and *when* we say it can powerfully shape people's perceptions of themselves and their possibilities (Wachtel, 2011). Social constructionism (Gergen, 2009) provides a practical framework for talking with students, teachers, and parents in ways that broaden perceptions, possibilities, and solutions. Social constructionists propose two ideas that have major implications for counseling: (a) People's sense of what is real about themselves and their lives is personally constructed rather than discovered, and (b) personal constructions result largely from interaction and dialogue with others. This means that ideas and theories about school problems and solutions are just that—ideas and theories constructed by people, *not* the one and only, absolute, final truth about a student or situation. The designation of a situation as a problem is in itself a construction.

Shapiro, Friedberg, and Bardenstein (2006) described the pervasive and powerful influence of personal constructions in the following way:

> The personal meanings and stories that people construct make an important difference to their quality of life experience—for better or worse. Such filters affect the individual's self-concept, . . . understanding of her past, . . . and behavior in the future, because we behave in accordance with what we believe to be possible. (pp. 137–138)

The significant role of language and dialogue in shaping personal constructions speaks to the potential of counseling conversations to change the way people view themselves and their possibilities. The influence of dialogue on perceptions has been confirmed by research in the area of social cognition (Fiske & Taylor, 2008), which suggests that clients' conversations with others—whether positive or negative—shape self-perceptions in ways that follow from the discussion. For example, when people were asked to reflect on problems and other negative aspects of their lives, they reported lower levels of self-esteem and happiness than those who reflected on positive aspects (McGuire & McGuire, 1996). These findings suggest that the positive or negative wording of a counseling question or comment may affect not only its answer but also the way that children and adolescents subsequently think about the topic and themselves.

Any behavior or situation can be interpreted in different ways, and the interpretation depends largely on the language used to describe it. For example, not completing certain assignments in school may be viewed differently by the teacher ("disrespectful and irresponsible"), the parent ("a sign of depression"), the school administrator ("violating a school conduct rule"), the counselor ("stubborn independence"), and the student ("there's no sense doing something I already know"). Although these different perspectives can (and often do) lead to frustration for those involved in addressing the situation, they can also expand solution-building options by changing the way people view and respond to the student and situation. This book encourages counselors to (a) be open and flexible in viewing school difficulties, (b) hold lightly to their views and theories, and (c) be practical by favoring explanations and conversations that increase rather than limit solution opportunities.

Given the power of words and dialogue in shaping perceptions, solution-focused counselors are very mindful and deliberate in their use of language. More specifically, counselors use and invite language that enriches and expands the way clients view themselves and their possibilities. The ideas and techniques in this book seek to broaden solution opportunities by talking with students and others in ways that invite their involvement and encourage them to build solutions from existing strengths and resources.

Systems Theory

A *system* is "an entity made up of interconnected parts, with recognizable relationships that are systematically arranged to serve a perceived purpose" (Parsons & Kahn, 2005, p. 65). Like other social systems, schools consist of people with various needs, goals, and levels of influence, including students, teachers, administrators, parents, and paraprofessionals. Of all these people, students typically have the least amount of power and influence:

> It is somewhat ironic that for most school systems . . . the largest population of consumers—those for whom programs are targeted (i.e., the students attending the school)—although having a strong vested interest in the school's successful operation, may have the least influence over the school's operation. (p. 52)

One aspect of schools that students have little influence over is the referral process for counseling and other services. Decisions to refer students are usually made by teachers, administrators, and parents with little or no input from the student. The fact that most students are mandated clients who enter counseling at someone else's request has major implications for how we approach them.

Systems theory views school problems as embedded in a social context rather than residing strictly within the student. From this perspective, a referral does not automatically imply that there is something wrong with the student. Some referrals result from a poor fit between the student and the teacher or classroom, which explains how the same student or behavior may be seen as problematic by one teacher but acceptable by another.

The systems perspective does not deny the reality or seriousness of students' behavior problems or skill limitations, but encourages counselors to be flexible and consider multiple options for building solutions—changing the classroom environment, consulting with teachers and parents, inviting small changes in people's perceptions and actions, and building on times when the problem is absent are a few such options. As evidenced throughout this discussion, a systemic view of schools and school problems expands solution opportunities.

Positive Psychology

If a person can turn from predicting illness to anticipating recovery, the foundation for the cure is laid.

—Bernie Siegel

Despite the prevailing emphasis on problems and pathology in the helping professions, a growing number of researchers and clinicians have urged practitioners to notice and build on what is right and healthy with clients instead of focusing primarily on what is wrong (Compton & Hoffman, 2013; Snyder, Lopez, & Pedrotti, 2011). Wachtel (2011) pointed out that "the overall vision of most psychotherapy is too one-sidedly focused on the negative" and that "it is on . . . strengths that change is built, and failure to see them clearly can make change extremely unlikely" (pp. 168–169).

Attending to strengths and resources is a big part of the positive psychology movement (Compton & Hoffman, 2013; Seligman, Rashid, & Parks, 2006). In discussing the need for helping professionals to notice and build on what's right with clients, Seligman et al. (2006) noted,

> For over 100 years, psychotherapy has been where clients go to talk about their troubles . . . where the focus is nearly always on repairing negatives—symptoms, traumas, wounds, deficits, and disorders. . . . In its emphasis on troubles, psychology . . . has seriously lagged behind in enhancing human positives. . . . Indeed, therapies that attend explicitly to the positives are few and far between. (pp. 774–775)

The principles of positive psychology challenge the traditional practice of treating students' pathology and symptoms with little or no attention to their strengths and competencies (Furlong, Gilman, & Huebner, 2014). In the spirit of positive psychology, solution-focused counseling invites students to acknowledge and apply what is right with their strengths toward school solutions.

Treatment Acceptability

Treatment acceptability refers to the degree to which clients accept an intervention strategy. Research supports the commonsense idea that the more acceptable the strategy, the more likely it will be implemented (Diller, Brown, & Patros, 2013). Unfortunately, counseling is sometimes portrayed as a mechanical process of snapping the right technique (Strategy X) onto the right problem (Problem Y). The recent emphasis on evidence-based treatments has contributed to this cookbook view of counseling, despite a growing number of meta-analyses and other studies that have failed to show a strong relationship between specific techniques and outcomes (Lambert, 2013; Wampold, 2010). Counseling is not an uninhabited landscape of formulas and techniques but a dynamic and relational process involving complex human beings. Unlike machine parts or cooking ingredients, people do not automatically yield to the practitioner's favorite techniques and recipes for intervention.

Students, parents, and teachers may have different beliefs about the problem and varying levels of investment in changing it, both of which influence the type of interventions they will accept and implement (W. R. Miller & Rollnick, 2013). For example, students who view their behavior as "no problem" would be less likely to implement an intensive, time-consuming intervention than students who view the situation as serious and urgent. Developing and presenting interventions with careful attention to clients' perceptions and preferences is one of the surest ways to enhance treatment acceptability and improve outcomes (Norcross & Wampold, 2011). The collaborative, client-driven nature of solution-focused counseling is responsive to these findings and to the American Psychological Association's most recent definition of *evidence-based practice* as "the integration of the best available research with clinical expertise in the context of patient [*sic*] characteristics, culture, and preferences" (American Psychological Association Task Force on Evidence-Based Practice, 2006, p. 273). As discussed next, collaboration is also an important part of culturally competent counseling.

Cultural Responsiveness

I wish they would only take me as I am.

—Vincent Van Gogh

Counseling occurs in a cultural context. Culture impacts every aspect of human experience. The term *culture* as used here refers to everything that impacts and distinguishes a person, including race, gender, age, language, education, income, sexual orientation, values, and life experiences. In discussing culturally competent counseling for minority clients, Ridley (2005) cautioned practitioners against stereotyping by reminding them that "each client is unique . . . and each has a different story to tell" (p. 85). Sue and Sue (2013) similarly warned counselors about overgeneralizing and stereotyping, noting that it is wrong to assume that all persons from the same minority group share the traits that are typically assigned to that group.

Cautions about stereotyping also apply to counselor training programs, as evidenced by the following comments of a graduate student:

> What we're mostly talking about in the classroom . . . is stereotypical representations of different ethnic groups—"this is a typical Latino, this is a typical Vietnamese person," but each individual is different, no matter what their race. I think what we should try to develop is a curriculum that exposes people to a new way of thinking, to help them approach all people with an open mindset. (Sleek, 1998, p. 1)

Students in training programs are often required to memorize lists of common customs and characteristics of various cultural groups. Although this information helps to illustrate the wide range of cultures and worldviews encountered by helping professionals, there is a danger of stereotyping and losing sight of individual differences (Boyd-Franklin, Cleek, Wofsy, & Mundy, 2013). Perhaps the best way to avoid stereotyping is to approach every person as a unique culture of one.

Multicultural theorists recommend taking a highly individualized, collaborative approach to developing counseling goals and interventions that boost clients' ownership of and involvement in their own care (Crethar, Torres Rivera, & Nash, 2008; Sue & Sue, 2013). Culturally alert practitioners approach students and caregivers as unique individuals regardless of their specific race, ethnicity, gender, and other cultural attributes (McAuliffe & Associates, 2013). These recommendations do not deny the fact that minority clients often experience marginalization and discomfort within the mental health delivery system (Ridley, 2005). For that reason, a case could be made that collaboration and client-driven practice may be most important and beneficial when counselors are working with minority clients and those with very different cultural backgrounds from their own.

Ridley (2005) stressed the importance of collaboration by noting that minority clients often "enter counseling feeling powerless" and "gain a sense of empowerment and ownership of the counseling process when they participate in their own goal setting" (p. 107). Respecting and accommodating the goals of clients is a hallmark of solution-focused counseling and culturally respectful practice. Accommodating the client's goals does not require personally agreeing with them. Differences between the worldviews and values of clients and counselors are inevitable. However, counseling research makes it clear that accommodating the client's frame of reference enhances outcomes. The purpose of solution-focused counseling is to help people change school problems, not to convert people to the counselor's or anyone else's worldview and culture.

As noted by Corey (2012) and Kim (2014), solution-focused counseling is well suited for diverse client populations for the following reasons:

- The client's perceptions, preferences, and feedback are given top priority throughout the counseling process.
- Counseling conversations revolve around the client's language and preferences rather than the counselor's language and theories.
- The material for counseling interventions and solutions emerges primarily from the client's unique perspectives, strengths, successes, and other resources.

These practices promote social justice and culturally responsive services by putting clients first and

keeping them there throughout the counseling process.

The idea of building on client strengths and resources, a core feature of solution-focused practice, is very consistent with the literature on culturally competent services for minority clients. As Ridley (2005) noted, "While vigorously looking for psychopathology in . . . minority clients, counselors often miss opportunities to help clients identify their assets and use these assets advantageously" (p. 103). In discussing counseling with non-Western people, Pedersen (2000) recommended that practitioners encourage these clients to apply their own internal resources and self-corrective mechanisms because this is a natural method of problem solving in non-Western cultures. Boyd-Franklin et al. (2013) similarly advocated a strengths-based approach for African American clients, noting that these clients are often more aware of their problems than their strengths. I have found this to be true for most students who are referred for counseling, regardless of their ethnicity or cultural background.

The strategies in this book are responsive to current standards and recommendations for culturally competent practice because they advocate (a) treating every client as an individual with a unique frame of reference, (b) collaborating on the goals and content of counseling, (c) tailoring services to clients instead of expecting them to conform to the counselor's preferences, and (d) obtaining ongoing client feedback on the usefulness of services and adjusting the counseling approach based on their feedback. In summary, putting clients first by honoring their feedback and treating them as capable contributors to their own care provides built-in safeguards for socially just, culturally competent counseling services.

Empowerment

Do not wait for leaders; do it alone, person to person.

—Mother Teresa

Cultural respect and collaboration are closely related to the concept of empowerment. In a series of studies on empowerment in schools, Dunst and colleagues (Dempsey & Dunst, 2004; Dunst, Boyd, Trivette, & Hamby, 2002) found that students, parents, and teachers experience more empowerment in collaborative, participatory relationships versus hierarchical, authoritarian relationships. Participatory relationships invite clients to express opinions and construct solutions. Psychotherapy research (Bohart & Wade, 2013) also supports the idea that, as the people closest to the problem, clients are also closest to its solution (see Figure 2.2).

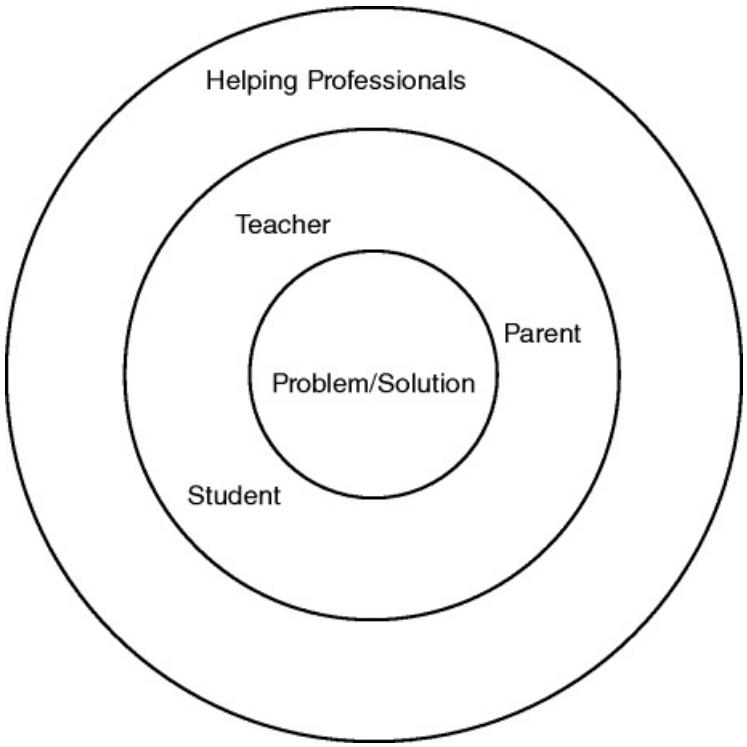

Figure 2.2 Proximity of Influence on the Problem and Solution

Empowerment researchers encourage helping professionals to (a) offer suggestions that fit with clients' culture and with their appraisal of the problem, (b) encourage clients to use natural support networks and personal resources whenever possible, and (c) give clients credit and help them connect solutions to their own efforts when problems are resolved. Solution-focused counseling provides those who are closest to school problems—students, teachers, and parents—with the empowering opportunity to actively participate in building solutions. As discussed next, however, young people are not always given a voice in their own care.

The Sociology of Childhood

Sociologists have suggested that children and adolescents in Western countries represent a social minority group because they are typically viewed as impertinent and inferior (Corsaro, 2014; Mayall, 2002). This demeaning viewpoint is conveyed in the expression "Children should be seen but not heard." Children are often seen as lacking the ability to think for themselves, which leads adults to exert control in ways that stifle children's development of problem-solving skills, responsibility, and self-confidence. Children fall at the lowest level of society's age-graded power structure rather than being seen as a group with its own culture and its own unique abilities and contributions (Corsaro, 2014). These observations have led some sociologists to propose that children are a socially disadvantaged and disempowered group not only because of their age but also because of their passive position in society as learners but never teachers (Mayall, 2002).

Although these considerations pertain to young people in general, they are particularly relevant to students referred for school problems. Many referred students have experienced a history of school difficulties and disappointments. These experiences, coupled with society's disempowering view of young people, can lead students to adopt a hopeless "What's the use?" position when it comes to improving school performance or other aspects of life.

Solution-focused counseling bolsters students' accountability and self-confidence by giving them an active role in developing goals and solutions. Outcomes are enhanced when we treat young people with dignity by helping them help themselves. Another way to show respect for young people is to accommodate developmental factors that impact them and their school performance.

Developmental Considerations

This section summarizes key developmental features of childhood and adolescence, along with their practical implications for counseling. Knowledge of development helps us tailor our language and style to students of all ages. The following discussion summarizes physical, social, psychological, and intellectual changes across four stages of school-age development: early childhood, middle childhood, early adolescence, and mid-adolescence. This is not an exhaustive description of child and adolescent development (for such a description, see Shaffer & Kipp, 2014) but a brief overview of developmental factors that are important to consider in counseling preschool through secondary students. Given that each child develops in unique ways, the information that follows should be viewed as a set of general guidelines, not specific predictions or prescriptions for individual students.

Early Childhood (Ages 4–6)

Most children begin their formal education between ages 4 and 6. Some adapt quickly, whereas others have great difficulty adjusting to school expectations and structure. Early childhood is a time of rapid growth in physical, social, psychological, and intellectual development. Although these domains are discussed separately here for the purpose of clarity, they function in interdependent ways in the child's life. For example, improvement in a 6-year-old's running and throwing skills (physical) can alter the child's self-image (psychological) and peer relationships (social).

Physical Development

Early childhood is a period of substantial muscle and motor development, which is one reason why many young children have difficulty sitting still for long periods of time. This is also why early childhood classrooms are arranged to permit ample movement; frequent breaks; and physical learning activities, such as printing, drawing, cutting, and playground games.

The following physical activities may help to engage young children's attention and involvement:

- Take a walk around the school instead of sitting in chairs ("walk talks").
- Allow students to stand or walk around the room during the interview.
- Ask students to draw a picture of the solution and explain it to you.
- Keep a set of hands-on props in your office, including toys, colored pencils, drawing paper, puppets, modeling clay, and other age-appropriate materials for young children.
- Conduct conversations while stacking blocks, rolling dice, or tossing a ball.

Social Development

Social play is a big part of early childhood. Most young children are naturally adventuresome and respond well to counselors who are willing to loosen up and play a little from time to time. This may include

- role-playing, in which the student assumes the role of teacher and you assume the role of student
- taking turns talking about what each of you likes the most (and least) about school and why
- playing a game of checkers or bouncing a tennis ball back and forth while talking
- using sentence completion strategies ("I'm really good at …")

Some children are cautious and quiet at first, and it may be helpful to ease into the conversation instead of beginning with a lot of questions about school. Starting the session by playing a game or taking a short walk helps to break the ice in a way that is familiar and comfortable for many young students.

Psychological Development

Children at this age begin to develop an identity and to distinguish themselves from others on the basis of gender; physical characteristics; and special interests, such as singing and climbing. They

also build greater self-confidence and independence, qualities that fit well with a solution-focused emphasis on active client involvement.

Young children enjoy discussing what they are good at, which can be used to develop school interventions based on their strengths and interests. In working with Emma, a preschooler who loved dinosaurs and singing, her teacher asked her to create a short dinosaur song every week and sing it to the class on Friday mornings. This simple intervention improved Emma's behavior by increasing her sense of involvement and belonging in the classroom.

Students in preschool and the early primary grades are highly curious, imaginative, and fascinated by the world. They love to experiment and make new discoveries about themselves and their environment. Some preschoolers believe in fictional characters from books, movies, and television. The following examples illustrate how counselors can accommodate young children's growing curiosity and imagination:

- Ask students how their favorite cartoon characters might respond to the school problem ("What would Sponge Bob do about this?").
- Encourage them to conduct a top-secret classroom experiment in which they behave differently and observe changes in the teacher's behavior.
- Invite them to direct and star in a short movie about school or school behavior (*How to Get More Work Done* or *How to Make Friends*).

Intellectual Development

Big words and abstract concepts are difficult for young children to grasp, so it is important to use clear, jargon-free language with them. It is also helpful to periodically check with them to make sure they are following the conversation. We can also ask parents or teachers to sit in on the interview to facilitate communication and increase the student's comfort. Even when caregivers are not present, we can ask them for communication tips based on their extensive experience with the child.

Inviting young children to envision and describe a desired future is helpful in developing counseling goals and instilling hope. Given the concrete nature of their cognitive and language abilities, we should avoid abstract language ("How will school be different 1 month from now when things start improving?") in favor of more playful and concrete strategies such as grabbing a coffee mug, holding it up in front of the child, and saying, "Let's pretend you rubbed this magic cup and a genie popped out and said, 'Ashlyn, you have two wishes that will make school better.' What would you wish for?"

Counseling students in the early childhood years can be challenging, but it can also be very enjoyable and productive. By using clear and simple language, along with the other accommodations described in this section, we can conduct meaningful conversations with young children.

Middle Childhood (Ages 7–10)

Students develop many important abilities during middle childhood, which corresponds to Grades 1 through 5.

Physical Development

Children gain more control of small and large muscles during middle childhood. Small muscle control helps with writing and self-care tasks such as dressing and tying shoes. The large muscles affect walking, running, lifting, and throwing. Physical delays or difficulties in either of these areas can result in problems due to slow or inaccurate handwriting; problems due to the requirements of physical education classes; or problems participating with peers in relay races, sports, or other physical activities.

Puberty may begin for a small percentage of children toward the end of middle childhood. The early onset of puberty can be difficult for girls, who may be teased during the early stages of breast development. Boys may be ridiculed when their voices begin to change. These experiences lead to embarrassment and self-criticism for some students, and counselors can help by validating their feelings and reactions.

Social Development

Middle childhood is a time of significant social development. Social activities may involve sports, religious institutions, or neighborhood groups. As peer acceptance and popularity become more important, friendships are increasingly selective and exclusive. Peer criticism can be very hurtful for children seen as different or inferior, which may result in social withdrawal or aggression.

As children become stronger in their social and conversational skills, they can participate more actively in counseling and respond to social-based questions such as the following:

- If I asked your friends what they like about you, what would they say?
- Who do you look up to and respect most in your life?
- How will your teacher treat you differently when your grades start improving?

Psychological Development

Although heightened social awareness offers many advantages, it can have detrimental psychological consequences for students who view themselves as inferior to peers. It is not unusual for struggling students to become self-critical and frustrated ("Everyone is smarter than me, so why even try?"). Inviting students to identify small successes and competencies, which is a core strategy of solution-focused counseling, may encourage a more hopeful outlook.

Elementary-age students typically develop a stronger *internal locus of control,* which refers to a perception of greater personal control over one's life. It is helpful to keep this in mind when working with students who express hopelessness and a lack of control over their lives. If students tell us their teachers pick on them no matter what they do, we can invite them to change their classroom behavior and observe any related changes in their teachers' behavior. This task encourages students to take responsibility for the one aspect of life over which they have some control—their own actions.

Intellectual Development

Students become more skilled at thinking and talking in abstract terms during the middle childhood years. As a result, they are better able to grasp the notion of time, to generalize from one situation to another, and to empathize with other people. These developments are useful in solution-focused counseling because they allow students to take different perspectives and to consider the impact of their behavior on others ("How would you handle this if you were a teacher?"). The ability to generalize from one time to another enables students to picture and describe how their lives will be different when things start getting better:

- How will your teacher treat you differently when you start turning in more work?
- Who will be the first people to notice when things get a little better at school, and how might they respond?
- How will things be different at school and home?

Even though elementary-age students develop an increased capacity for abstract thought and language, it is still important to use clear and simple language. Toys, drawing activities, and other hands-on strategies can also facilitate communication with students in the middle childhood years.

Early Adolescence (Ages 11–14)

Early adolescence generally covers the middle school years—Grades 6 through 8 and ages 11 through 14—though it may begin a bit earlier for girls and later for boys. As you recall this time from your own adolescence, perhaps you can relate to the comments of young adolescents when asked for their advice to parents, teachers, and other adults:

- Take the time to listen to me.
- Just because I'm a kid doesn't mean I'm stupid. I've got ideas, too.
- Give me some space to learn for myself.
- Don't assume the worst, and tell me what I'm doing right once in a while.

The transition from childhood to adolescence involves dramatic changes, particularly in the psychological area. The development of personal identity and independence is a vital task of adolescence with major implications for counseling. Therefore, psychological development receives considerable attention in the discussion of early and mid-adolescence.

Physical Development

As puberty begins and the body matures, many students become critical of their physical appearance. Rapid growth spurts and hormonal changes may hamper students' sense of physical control and coordination. These changes can also be confusing and upsetting to students because they are accompanied by new sexual feelings, thoughts, and insecurities.

Similar to previous stages, the developmental domains of early adolescence are interdependent in that changes in one area influence other areas. Physical changes and appearance, for example, can strongly impact a middle school student's self-identity, confidence, and social relationships.

Social Development

The influence of peers and the desire for social acceptance continue to grow for most students during the middle school years. The strong desire for social acceptance leads some students to feel inferior if they perceive themselves as different from their peers. They may feel like everyone is looking at them or judging them, especially when they make mistakes or embarrass themselves at school or in other public places. Striking a balance between fitting in with peers and developing a personal identity is an ongoing challenge.

Identifying people with a strong social influence in a student's life can create new solution opportunities. For example, a highly respected peer or family member can be asked to attend a counseling session or to provide support and advice for the student. Tapping into the power of social relationships is a respectful and developmentally appropriate way to build solutions with middle school students.

Knowledge of social development is also helpful in working with caregivers. Factual information about development may help parents and teachers understand that some problem behavior is influenced by normal processes of development. For example, when a student's misbehavior is seen as being motivated by a strong desire for peer attention, it normalizes the situation and reduces the likelihood that caregivers will view the student as emotionally or behaviorally disturbed. If parents feel hurt when their child spends progressively less time with them, explaining that the child is displaying a typical developmental transition from childhood to adolescence may help them better understand and cope with these changes.

Psychological Development

The dramatic physical and hormonal developments of early adolescence, coupled with the sexually oriented thoughts and feelings that often accompany these changes, may increase the student's anxiety, shame, and self-consciousness. Given the growing importance of physical appearance and social approval, it is no wonder that students' self-esteem varies greatly during adolescence. Sudden and dramatic mood swings are also common and may prompt confusion, anger, and defiance. Some students view mood swings as a sign that they are "going crazy," which is not an unusual thought at this age. We can normalize students' experience by explaining that sudden mood changes are a scary yet common experience during adolescence and beyond. Adolescents may also engage in magical thinking and perceptions of invincibility. It is common, for example, for students to believe that bad things can happen to other people but not to them—a belief that may increase risk-taking behavior at school and elsewhere.

It is ironic that the times when struggling adolescents most need understanding from adults are the times they may receive it the least. This can occur for two reasons. First, adolescents may not discuss their problems with adults because they do not want to be criticized. Second, their defiance or other problem behaviors tend to drive adults away instead of bringing them closer. Some students become suspicious and distrustful of adults in general.

Listening, which is a big part of solution-focused counseling, is one of the most effective ways of gaining young people's trust and cooperation in the counseling process (Martin, Romas, Medford, Leffert, & Hatcher, 2006). Solution-focused counseling is well matched to the psychological tasks and struggles of early adolescence in other ways as well. For example, complimenting students on their strengths helps to counteract adolescents' self-criticism and shame. In discussing the benefits of strengths-based approaches, Wolin, Desetta, and Hefner (2000) encouraged practitioners to "look for strengths in even the most troubled young people and encourage them to search for examples of their own competence" (p. 4).

Intellectual Development

The increasing ability to think and speak in abstract terms permits more sophisticated conversations involving the following future-oriented and "What if?" questions:

- If this problem vanished in 2 months, how would your life be different at school and home?
- What do you think would happen if you behaved differently at school tomorrow?
- How would it change things between you and your parents?
- What would Ms. McCreary do if you walked into class tomorrow and thanked her for being your teacher?

These questions capitalize on students' growing intellectual skills and quest for independence by inviting them to describe what they want in the future and what they are willing to do to make it happen. Students often have more influence on their school experience than they think. Solution-focused counseling invites them to envision a better school experience and take concrete action toward pursuing it.

Mid-Adolescence (Ages 15–18)

Mid-adolescence corresponds to ages 15 through 18 and Grades 9 through 12. Developmental changes of early adolescence are extended and refined during the high school years.

Physical Development

Mid-adolescence involves the continuation or completion of physical changes that began earlier. Many females achieve full breast growth. Males acquire facial hair and their voices become deeper.

Concerns about physical appearance become even stronger during high school. Students who have difficulties in physical development and perceive themselves as very different from peers often struggle with social status, identity, and self-esteem.

Social Development

The actions and opinions of peers take on even more importance during mid-adolescence. Dating and sexual relationships may occur, and students develop stronger gender identifications. This can be a time of considerable anguish and social rejection for students who experience gender confusion and those who embrace sexual orientations that differ from the dominant majority (McGuinness, 2008). Listening to and validating the experience of students allows them to feel heard and understood.

Whereas friendships during early adolescence are often linked to common connections such as sports or living in the same neighborhood, high school friendships are based on personal factors such as values and social compatibility. As a result, friendships are usually more stable and lasting. All of these factors influence students' school performance as well as their response to counseling. The fact that solution-focused counseling invites students to develop personally meaningful goals fits well with the prominence of personal values during adolescence.

Psychological Development

The instability of early adolescence is gradually replaced by more enduring and stable patterns of thinking, feeling, and acting. The journey to more stability, however, is not an easy one for many students. Some students experiment with different roles, sexual activities, and drug use. As they move through the high school years, they are faced with progressively stressful decisions about their future. The excitement of greater freedom is tempered by apprehension about decisions pertaining to their future. For many students, this is their first realization that big decisions often involve angst and conflict.

The balance of freedom and responsibility can be a source of major conflict for some teenagers and their caregivers. From a parent's or teacher's perspective, it may seem like the student wants the freedom but is unwilling to accept the responsibility that comes with it. From the student's perspective, however, the parents and teachers seem unwilling to provide the freedom required for the student to learn how to be responsible.

Of all the psychological issues facing adolescents, the pursuit of personal identity and independence may be the most important one to keep in mind when talking with high school students. In the process of developing a distinct identity separate from parents and friends, most adolescents go to great lengths to maintain and defend their independence and freedom. Comments such as "It's my life, not yours" and "I know what's best for me" are common at this age. Although parents usually receive the major brunt of these comments, adolescents' quest for independence is very relevant to counselors and others who work with them. High school students resent it when adults question their freedom to think for themselves, which is why it is counterproductive to try to talk them out of their opinions and preferences.

The collaborative philosophy of solution-focused counseling accommodates adolescents' fierce commitment to freedom and independence. Listening versus lecturing, asking versus telling, and validating versus criticizing are a few specific ways that counselors can accommodate students' natural desire for freedom and autonomy. Cooperating with students' perspectives and preferences helps counselors avoid power struggles and reinforces the idea that students are accountable for their opinions, decisions, and outcomes. Students are more likely to engage and cooperate with us when they feel heard and respected.

Intellectual Development

Adolescents can engage in increasingly sophisticated discussions as their intellect expands through the high school years. Students' ability to consider different perspectives enables them to respond to complex questions such as the following:

- How would you respond if you were the teacher/parent?
- What would your teacher say if I asked for his ideas about resolving this problem?
- I know how much you respect your grandmother. What would she do if she were facing this problem?

Adolescents' ability to visualize the future provides opportunities to explore what they want from counseling and what they envision for the future through the following types of questions:

- If our meetings are helpful, how will school be different for you 2 months from now?
- Imagine that it is 3 weeks from now and things are better for you at school. How would that feel? What are you willing to do tomorrow to make it happen?
- Who will be the first ones to notice small improvements in your schoolwork? What will they say? What will that be like for you?
- If this problem vanished right here and now, what would the next few hours be like at school?

These questions invite adolescents to reflect on future possibilities in ways that accommodate their growing skills in abstract thinking.

As evidenced throughout this section, developmental factors impact preschool through high school students in a variety of ways. Although there is considerable variation in the rate and manner in which development unfolds among individual students, basic knowledge of child and adolescent development helps us to establish collaborative relationships and to tailor the counseling process to students of all ages.

Summary and Conclusions

This chapter summarized the empirical and conceptual foundations of solution-focused counseling in schools. Research has shown that successful counseling results primarily from the operation of four common factors of therapeutic change: client factors, relationship (alliance) factors, hope factors, and model/technique factors. Solution-focused counseling seeks to activate these core ingredients of change in every contact with students, teachers, parents, and others. The change pie metaphor was used here to describe each ingredient, along with its relative influence on counseling outcomes.

The principles and practices of solution-focused counseling are also derived from research and literature on social constructionism, systems theory, positive psychology, treatment acceptability, culturally responsive counseling, and empowerment. The chapter concluded with a discussion of key features of child and adolescent development, along with practical suggestions for accommodating developmental issues in counseling students of all ages. Chapter 3 describes the therapeutic influences, values, and assumptions of solution-focused counseling in schools.

Discussion and Practice

1. List and briefly describe the four common factors or core ingredients of change as identified by outcome research in counseling and psychotherapy.
2. In groups of three or four, discuss your reactions to the research on common factors of change. The following questions can be used to facilitate the discussion:
   - How do these findings confirm or challenge your ideas about helping people change?
   - What are two practical implications of these findings for working with students, parents, teachers, or school administrators?
3. Client factors represent the most powerful ingredient of successful counseling. List two client factors that most students bring to the change process, and describe how each factor could be applied toward solutions to school problems.
4. What are some things that you already do to instill hope in the students, parents, and teachers with whom you work? What are some additional ways that you could encourage hope in your clients?
5. Discuss the practical advantages of adopting a systems perspective in working with students and school problems.
6. Describe how solution-focused counseling accommodates people's cultural experiences and worldviews.
7. How can information about child and adolescent development help you in working with students, teachers, parents, and school problems?
8. Brainstorm at least one developmentally based strategy for working with each of the following students:
   - A 6-year-old student who is quiet, cautious, and withdrawn
   - An active 10-year-old student who has difficulty sitting still
   - A strong-willed high school student who says, "I don't want to be here, and you can't make me talk"
9. List one small step that you will take in your future work as a result of the information in this chapter.

Note

[1]There are more complex analyses in the literature, but this one was chosen because it clearly summarizes the core ingredients of effective counseling. These factors, and their relative contributions to therapeutic outcomes, have been repeatedly confirmed in meta-analyses of psychotherapy research (Asay & Lambert, 1999; Cuijpers et al., 2012; Lambert, 2013; Lambert & Ogles, 2004).

Chapter 3

Therapeutic Influences, Values, and Assumptions

Chapter Objectives

- To describe four therapeutic foundations of solution-focused counseling
- To outline the core values and assumptions of solution-focused counseling in schools
- To point out key differences between solution-focused counseling and problem-focused counseling

• • •

Excellence is to do a common thing in an uncommon way.

—Booker T. Washington

In addition to the empirical and conceptual foundations in Chapter 2, the ideas and techniques of this book borrow from four major therapeutic influences: (a) Milton Erickson; (b) brief strategic therapy; (c) solution-focused brief therapy (SFBT); and (d) client-directed, outcome-informed (CDOI) practice. After describing each of these influences, the chapter concludes with an overview of the core values and assumptions of solution-focused counseling in schools.

Milton Erickson

Each person is a unique individual. Hence, psychotherapy should be formulated to meet the uniqueness of the individual's needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory.

—Milton Erickson

Psychiatrist Milton Erickson is considered one of the most innovative and effective practitioners in the history of psychotherapy. Erickson died in 1980, but his therapeutic methods live on through continued discussion of his work in books and workshops. Of his many contributions, the following are particularly relevant to solution-focused counseling in schools.

One Client at a Time

When asked about his general theory of psychotherapy, Erickson would say, "I don't have a 'general theory' because I've never met a 'general' client." He found psychological theories intriguing but of little use in helping people change and viewed clients as the best teachers of what works and does not work in therapy. He tailored his approach to each client instead of requiring that the client conform to his favorite ideas and techniques. Providing services one client at a time is a hallmark of Ericksonian therapy and solution-focused counseling in schools.

Efficiency: Focus on Solutions

Erickson believed that solutions can occur quickly without the aid of detailed information about the problem. He demonstrated this time and time again with a wide range of clients, including those diagnosed with serious psychological disorders. He was more interested in potential solutions than previous problems. Erickson was a consummate listener and observer, always looking for hints of promise and possibilities within clients and their circumstances. Regardless of the diagnosis and problem, he believed that every client is inherently wise, resourceful, and capable of changing in meaningful ways. According to Erickson, the quickest and most dignified route to a solution is to build on the client's strengths and resources. Solution-focused counseling adopts Erickson's efficient focus on possibilities, strengths, and solutions.

The Crystal Ball Technique: Focus on the Future

Erickson was always more interested in where clients wanted to go than where they had already been. In the crystal ball technique, he invited clients to imagine a problem-free future and describe how they resolved their problem. When clients described their imagined solutions, Erickson encouraged them to implement their own ideas. In addition to shifting the focus from past problems to future possibilities, this strategy revealed inner resources that his clients had forgotten about or discounted. The crystal ball technique inspired the miracle question—a core strategy of solution-focused therapy in which clients are asked to describe their lives after a miracle has occurred and their problem vanishes.

Emphasis on Small Change

Based on the systemic idea that one small change often leads to another, Erickson looked and listened for any positive sign of change and invited clients to elaborate on it. The idea that one small change paves the way for larger changes is encouraging to busy counselors who may have only one or two opportunities to meet with students or caregivers. Solution-focused counselors are alert to any sign of improvement, regardless of how small it may seem.

Use of Client Resources

Erickson's use of whatever clients brought to counseling is perhaps the most renowned aspect of his work. He viewed people as inherently wise, capable, and resilient (Keeney & Erickson, 2006). Instead of giving clients something they did not already have, he invited them to recognize and apply existing resources toward solutions to their problems.

Erickson viewed clients as stuck, instead of sick and integrated their hobbies and strengths into creative, individualized interventions. Respecting and making use of what students, parents, and teachers bring to the change process is a core component of solution-focused counseling.

An Example of Erickson's Approach: The Student Who Refused to Read

Paul, age 12, was referred to Erickson because he was not reading. When given a first-grade reader, Paul stammered through it if he attempted it at all. His parents insisted that he could read and withheld privileges in an attempt to prompt his reading. Despite the loss of privileges and other punishments, Paul held his ground and refused to read.

In his first meeting with Paul, Erickson expressed the view that Paul's parents appeared very stubborn in not accepting that he could not read. Erickson told Paul to "forget about reading" and to think of a fun way for them to spend the therapy hour. Erickson asked Paul about his hobbies and learned that he enjoyed fishing and hoped to go on a fishing trip with his father. Paul told Erickson that his father typically fished in California and Washington, but was planning a fishing trip to Alaska in the upcoming year. Erickson pulled out a map and asked for Paul's help in locating the specific towns where his father fished. As Erickson confused certain towns on the map, Paul corrected him. They spent the next couple of sessions "looking at" (but not "reading") maps, discussing fishing techniques, and looking up different kinds of fish in the encyclopedia.

Having observed Paul's penchant for adventure and mischief, Erickson suggested that he play a joke on his teachers and parents by taking out his first-grade reader and stumbling through it like he usually did, then doing a little better on the second-grade reader, better yet on the third-grade reader, and so on. Paul loved the idea, implemented it, and displayed no additional reading problems in the future.

Erickson's work with Paul illustrates several aspects of his respectful and resourceful approach to helping people change. For example, Erickson (a) accepted Paul's choice not to read instead of trying to talk him out of it, (b) focused on future solutions rather than past problems, (c) identified areas of strength and interest for Paul, and (d) incorporated Paul's strengths and interests into a customized intervention. When you consider these features together, it is no wonder that Paul accepted and implemented the intervention.

Additional examples and descriptions of Erickson's work can be found in Short, Erickson, and Klein (2005) and Keeney and Erickson (2006) and online at The Milton H. Erickson Foundation (www.erickson-foundation.org).

Brief Strategic Therapy

We find that in deliberate intervention into human problems the most pragmatic approach is not to question why? but what?; that is, what is being done here and now that serves to perpetuate the problem, and what can be done here and now to effect a change.

—Watzlawick, Weakland, & Fisch (1974, p. 86)

Influenced by Erickson and convinced that meaningful change can occur rapidly, a group of clinicians and researchers launched the brief therapy project at the Mental Research Institute (MRI) in Palo Alto, California (Fisch & Schlanger, 1999; Fisch et al., 1982; Watzlawick et al., 1974). Many innovative thinkers and clinicians have spent time at the MRI, including Gregory Bateson, Virginia Satir, Jay Haley, Steve de Shazer, and Insoo Kim Berg. The MRI group videotaped hundreds of sessions and analyzed therapeutic processes and outcomes with a variety of clients and problems, ranging from children to older adults and from parent–adolescent conflict to schizophrenia. The result was an intriguing theory of how problems are created and resolved.

The Problem Process

As they met with more and more clients and studied the videotapes, the MRI team noticed an intriguing pattern in the way most problems are developed and maintained (Watzlawick et al., 1974). This pattern, which they called the *problem process,* is described here and illustrated graphically in Figure 3.1.

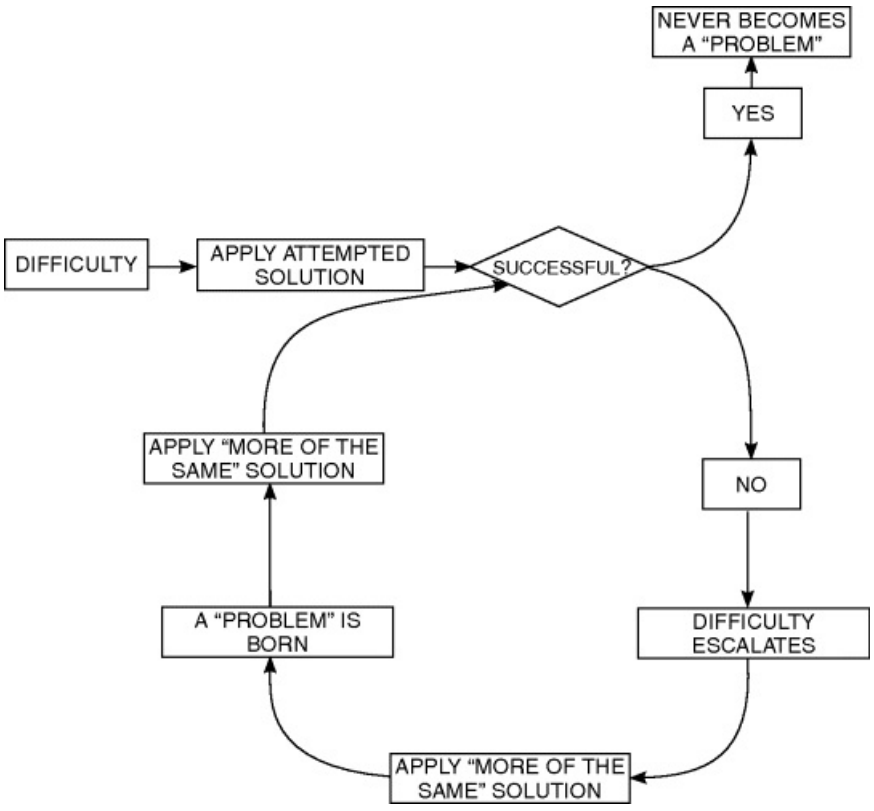

Figure 3.1 The Mental Research Institute Problem Process

1. An ordinary difficulty occurs, such as feelings of sadness or getting in trouble at school (e.g., Jason, a second-grade student, does not complete two math homework assignments one week).
2. Attempted solutions are applied (e.g., Jason's parents lecture him on the importance of completing his homework, and his math teacher reminds him to do homework each day at the end of class).
3. Solution attempts are unsuccessful, the concern escalates, and more-of-the-same solutions are applied (e.g., Jason misses two more assignments during the next week, followed by more

lectures and reminders).

4. The concern is now viewed as a problem, and solutions are applied even more vigorously because they are viewed as the only sensible thing to do about the problem. The solution has thus become the problem (e.g., Jason continues to miss homework assignments, while his teacher and parents continue to remind and lecture him).
5. This cycle continues until it is interrupted by someone doing something different.

The Dot-Joining Puzzle in Appendix B illustrates how easy it is to get stuck in this kind of vicious cycle.

Interrupting Ineffective Solutions by Trying Something Different

Because most problems resulted from ineffective solution attempts, according to the MRI model, interventions were designed to interrupt existing solutions and promote different responses. Clients were encouraged to "do" and "view" the problem in ways that were opposite or contrary to current solutions.

In the example of Jason, the counselor might ask Jason's parents and teacher what they have tried and how it worked. Once people realize that their attempted solutions might be making matters worse, they are more willing to try something different. Jason's parents might be encouraged to apologize for interfering in his school life and explain that school is now his responsibility, not theirs. His teacher could ask him whether he would be willing to serve as her special consultant on various classroom matters. Because both interventions are very different from previous solutions, they have a reasonable chance of resolving the problem on the basis of the MRI model.

Client Position

Long before *treatment acceptability* became a buzzword in the clinical literature, the MRI group realized that the more acceptable an intervention was to a client, the more likely the client would be to implement it. They recommended that counselors present suggestions and interventions with careful attention to *client position,* which they defined as clients' beliefs about the problem and their role in changing it. For example, a teacher who views a student's behavior as manipulative is more likely to implement an intervention presented with a compatible rationale, such as to regain her control of the classroom, than to implement the same intervention presented in a way that does not adequately match her goal, such as to support and nurture the child. Likewise, a student who views her teacher as out to get her is less likely to implement an intervention if it is presented as a way to improve the relationship rather than an attempt to prove the teacher wrong about her or provide fewer opportunities for the teacher to pick on her.

MRI therapists also adapted their suggestions to clients' perceptions of the urgency of the problem and their role in resolving it. For example, action-oriented interventions that require a lot of time and energy are appropriate for clients who view the problem as urgent and see themselves as part of the solution. These same interventions would not be appropriate for a student who sees the problem as a nagging and overcontrolling teacher and views himself as an innocent bystander.

The concept of client position is one of the most elegant features of brief strategic therapy. Additional strategies for tailoring counseling services to the client are described in Chapter 4.

An Example of Brief Strategic Therapy: Tripping the Responsibility Trap

Joe was a bright and creative third grader referred by his parents and teacher for low grades. Information from all sources indicated that he was much more capable than his grades reflected. Joe's low grades resulted primarily from minimal homework completion. Joe's parents were hard-working, conscientious people who were willing to do anything to help their only son. In an effort to get Joe to complete more homework, his parents pleaded with him and offered frequent reminders throughout the evening. These strategies remained in effect for the first couple of months of the school year. This "nagging routine," as it was aptly named by the family, was upsetting to Joe and his parents. The parents were stuck in a vicious cycle—the more they nagged, the worse it got, and the worse it got, the more they nagged. They viewed Joe as troubled and saw the problem as a sign of his difficulty adjusting to a new teacher and a new classroom. As caring and conscientious parents, they were concerned about Joe's irresponsible attitude toward schoolwork and wanted to help him in any way they could.

A different approach was suggested to Joe's parents, accompanied by the rationale that their daily reminders and lectures may have been interfering with his opportunity to take personal responsibility for his schoolwork. This rationale accommodated their position about Joe's lack of responsibility and their desire to help him. In an effort to approach things differently, the parents agreed to do the following: (a) meet with Joe and express their confidence in his ability to handle schoolwork and homework on his own, (b) allow Joe and his teacher to work out any difficulties related to school, and (c) go about their business at home without lecturing or even mentioning homework. The parents implemented these suggestions and reported rapid improvements in Joe's homework completion.

By the time students are referred for counseling, many of them have heard the same old song from various adults. When students reject our suggestions and interventions, it is time to try something different instead of pushing ahead with more of the same. The wisdom of the MRI is captured in the practical expression "If it doesn't work, do something different." Additional information on brief strategic therapy can be found in Nardone and Watzlawick (2005) and Gehart (2014, Chapter 4) and online at the MRI (www.mri.org).

SFBT

In fact, solutions have been looked at so rarely that solution has become the hidden half of the "problem/solution" distinction.

—Steve de Shazer

SFBT was developed by Steve de Shazer, Insoo Kim Berg, and colleagues at the Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin. Inspired by Erickson and the MRI group, the BFTC team launched a research and treatment program addressing the following question: What do therapists and clients talk about when therapy is successful? The question itself reveals SFBT's emphasis on simplicity, efficiency, and practicality. Rather than beginning with a specific theory or hypothesis, the BFTC group let the clients lead them to new answers and insights about what makes therapy effective. Several standard SFBT techniques began as fortuitous interventions with an individual client. If the intervention worked well for other clients and problems, the group would continue to use it and examine the results.

One of the most intriguing discoveries of the BFTC group was that effective solutions did not require extensive knowledge about the problem; in fact, solutions often bore little resemblance to the problem! This discovery challenged the traditional assumption that a thorough diagnosis is required for a successful solution. The group also discovered the benefits of following clients' lead by asking what they wanted from therapy (client-driven goals) and what they were already doing to help themselves reach their goals (small successes and strengths).

Skeleton Keys

In addition to finding that solutions may have little to do with the problem, the BFTC group observed that some interventions were effective regardless of the client's specific problem. They called these *skeleton keys* (de Shazer, 1985) and shifted their focus from the locks (problems) to the keys (solutions). Instead of spending a lot of time analyzing the locks, they started inserting the keys at the very outset of therapy, with favorable results. The remainder of this section describes several skeleton keys that are applicable to a variety of school problems.

Formula First Session Task

One of the first skeleton keys developed at the BFTC was the formula first session task, which was presented to clients at the end of the first session in the following way:

> Between now and the next time we meet, I would like you to observe, so you can describe to me next time, what happens in your [pick one: family, life, marriage, relationship] that you want to continue to have happen. (de Shazer, 1985, p. 137)

Many clients were surprised by how many things they wanted to continue happening in their lives, which boosted their hope and reminded them that they were already doing something to help themselves. As the BFTC group focused more and more on future solutions versus past problems, they discovered two other helpful interventions: the miracle question and exceptions to the problem.

The Miracle Question

Inspired by Erickson's crystal ball technique, the miracle question was developed to help clients envision and describe life without the problem: "Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?" (de Shazer, 1988, p. 5). Students enjoy the playfulness of this question, and it helps them define more precisely what they want from counseling (e.g., "I'll get my homework done," "Other kids will be nice to me," "My teachers won't yell at me"). The miracle question also helps parents and teachers translate broad goals and expectations (improving the student's independence or attitude) into concrete behavioral descriptions ("completing assignments with fewer reminders" or "answering me when I ask a question"). In addition to these benefits, the miracle question helps to boost people's hope by focusing on future possibilities.

Exceptions to the Problem

Building on exceptions to the problem is a core intervention of SFBT. *Exceptions,* which refers to times when the problem is absent or less noticeable, represent solutions that are already happening —just not as frequently as desired. Talking with students about exceptions helps them focus on what to do instead of what not to do. After all, most people prefer to work toward what they want rather than away from what they don't want. Chapter 6 provides specific strategies and real-life examples of building on exceptions to school problems.

Keeping It Simple

Another aspect of solution-focused therapy that is well suited to the practical realities of school counseling is the concept of keeping it simple. The BFTC group observed that sometimes all you need is a small change in the client's perceptions or actions to initiate a solution. Solution-focused counselors typically consider simple interventions before suggesting complex, time-consuming strategies.

Solution Talk

Solution-focused therapists distinguish between problem talk and solution talk. *Problem talk* includes detailed and repetitive explorations of the problem and its history, presumed causes, and diagnosis. Berg and de Shazer (1993) stated,

> Our clients have taught us that solutions involve a very different kind of thinking and talking . . . that is . . . outside the problem. It is this talking outside the problem that we call "solution talk." As client and therapist talk more and more about the solution they want to construct together, they come to believe in the truth or reality of what they are talking about. This is the way that language works, naturally. (p. 9)

Solution talk refers to questions, words, and phrases that focus on the client's goals, resources, and possibilities. It is important to allow ample opportunity for people to discuss their concerns and frustrations without becoming stuck in a hopeless cycle of problem talk. In solution-focused counseling, language is deliberately used to invite students and others to embrace empowering and hopeful stories about themselves and their ability to change school problems.

An Example of Solution-Focused Therapy: Growing Solutions From Small Seeds of Success

This example highlights the importance of keeping it simple and building on exceptions. The parents of a ninth-grade student named Mara asked me to meet with their daughter. They were concerned about the increasingly intense arguments between Mara and her mother, most of which occurred shortly after Mara arrived home from school.

During our first meeting, I asked Mara to tell me about any recent times when she and her mother were able to talk without arguing or without arguing as intensely as usual. After quickly saying, "There aren't any times," Mara corrected herself and recalled that they did not argue when they talked about gardening, a hobby they both enjoyed. We discovered some other common interests and topics that the two of them might be able to talk about without arguing. We referred to these as *doable discussion topics*. Mara perked up and became more engaged as we discussed what was working versus not working in her relationship with her mother.

An experiment was suggested in which Mara would (a) initiate a conversation with her mother about flowers or another doable discussion topic every day after school and (b) observe and rate how well they got along for the rest of the day. Mara returned the next week and reported that she and her mother still argued about things but not nearly as often or as intensely as they had the week before. No additional concerns were reported by Mara or her parents.

The simple, straightforward approach of SFBT is well suited to the practical realities of schools and school practitioners. As is illustrated throughout the book, focusing on what is right with students can be successfully applied to a wide range of problems. One of the major advantages of SFBT is its brevity. However, being brief does not mean being pushy or rushing people into solutions against their will; solution focused does not mean solution forced. The efficiency of SFBT results from activating the core ingredients of change by recruiting students' strengths, resources, and input from the very outset of services instead of engaging in time-consuming diagnostic assessments aimed at categorizing students and their problems. Consult the following sources for additional information on SFBT: de Shazer et al. (2007); Franklin, Trepper, Gingerich, and McCollum (2012); and the

Solution-Focused Brief Therapy Association (http://www.sfbta.org).

CDOI Practice

"Client directed" spoke to the influence of clients on outcome: their resources, strengths, and resiliencies, their view of the alliance, their ideas and theories of how they can be helped, and their hopes and expectations.

—Barry Duncan

CDOI practice, developed by Barry Duncan and colleagues (Duncan, 2014; Duncan, Miller, & Sparks, 2004), encourages practitioners to (a) give clients a central voice in determining the goals, content, and usefulness of services; (b) recruit client resources and incorporate them into the change process; (c) collect ongoing client feedback on therapeutic outcome and alliance; and (d) adjust services based on client feedback.

The developers of CDOI practice are quick to point out that this is not another model of therapy; it is a transtheoretical set of principles and practices that enable counselors of all theoretical orientations to improve their effectiveness by putting students and other clients first throughout the change process. Murphy and Duncan (2007) have developed an approach to brief intervention for school problems based on the principles of CDOI practice.

Giving Clients a Voice in Their Care

Psychotherapy research makes it clear that client involvement is the key to effective helping relationships and therapeutic outcomes. Sadly, the prevalence of authoritarian relationships that minimize client input is well documented in the helping professions literature (Bohart & Wade, 2013). In addition to giving clients a central role in crafting the goals and content of counseling and in evaluating the effectiveness of services, solution-focused counseling embraces the CDOI idea that those who are closest to a school problem—the students themselves—are also closest to a solution. In solution-focused counseling, students are given the empowering opportunity to contribute substantially to their own solutions.

Focusing on Strengths and Resources

The assumption that every client brings unique solution-building ideas and resources to the change process is a key feature of CDOI practice and a recurring theme throughout this book. Focusing on strengths and resources does not mean ignoring a student's pain and problems; rather, it requires us to acknowledge all of the stories about the student and situation—the suffering *and* the survival, the pain *and* the coping, the struggles *and* the victories. Unfortunately, stories of struggling students' weaknesses and deficiencies often take precedence in schools over competing stories of their courage, strength, resilience, and other resources.

Collecting Client Feedback

CDOI practitioners systematically collect client feedback to evaluate and adjust therapeutic services on an ongoing basis. Numerous empirical studies, including several randomized clinical trials, have shown that collecting formal, session-by-session client feedback on outcomes and the client–counselor alliance can dramatically improve the success of services (Duncan, 2014; Lambert & Shimokawa, 2011). The developers of CDOI practice have created short client feedback measures to be administered and discussed at every counseling session. The measures encourage counselors to (a) assess whether clients are benefitting from services and do something different when they are not and (b) assess the client–counselor alliance and change their approach when problems are indicated. CDOI practice maintains that clients are in the best position to assess the effectiveness of counselors and counseling services because, after all, they are the very ones for whom the services are designed.

Duncan and colleagues developed the Partners for Change Outcome Management System (PCOMS), a reliable and systematic way for practitioners to collect client feedback, accommodate services to clients' feedback and preferences, and track the effectiveness of services. PCOMS translates the values of multiculturalism, social justice, and consumer-centered care into practical, frontline forms of service delivery. PCOMS has consistently improved outcomes for a wide variety of clients, settings, and practitioners (Duncan, 2014; Gillaspy & Murphy, 2012) and was recently deemed an

evidence-based practice in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices. Most PCOMS research has involved adults. However, a recent study examining the impact of PCOMS in school-based counseling with 288 students ages 7 to 11 referred for social, emotional, and behavioral difficulties found that students who received counseling with PCOMS showed much greater improvement than those who received counseling without PCOMS (Cooper, Stewart, Sparks, & Bunting, 2013). Client feedback and PCOMS are discussed further in Chapter 4 and Appendix C.

Each element of CDOI practice—giving clients a voice, focusing on resources, and collecting client feedback—plays a key role in solution-focused counseling by putting clients at center stage in their own care. These methods can be integrated into counseling services regardless of the practitioner's theoretical orientation.

An Example of CDOI Practice: Client Knows Best

Barry Duncan (2014) tells the story of a 16-year-old client who significantly impacted his development of CDOI practice. Although this example does not emphasize specific CDOI methods, such as recruiting client resources and collecting systematic feedback, it provides a compelling rationale for honoring the opinions of clients and giving them a voice in their own care.

Dawn was admitted to the residential treatment center where Barry worked as a part-time therapist toward the end of his graduate training. Upon admission to the center, clients routinely received a minimum of two psychiatric diagnoses and two psychotropic drugs. Dawn was admitted when the psychiatrist was on vacation, and she was assigned to Barry with no diagnoses or medications.

Dawn had been abused in many ways, shuttled between foster homes and runaway shelters, and periodically admitted to hospitals following suicide attempts. Barry saw her for individual and group therapy. Despite occasional displays of anger, Dawn was creative, funny, and committed to doing her time at the center and being on her own at age 18. Therapy centered on what it would take for Dawn to become an independent adult, and she began attending high school for the first time in several months. Barry was increasingly impressed by Dawn's resilience and hopefulness, and things were progressing in ways that exceeded everyone's expectations.

Three weeks later, the psychiatrist returned from vacation and conducted a diagnostic interview (with Barry present) during which he started massaging Dawn's neck. While Barry observed in disbelief, Dawn told the psychiatrist in no uncertain terms to get his hands off of her. He promptly prescribed lithium and an antidepressant, then lectured Dawn on the importance of adhering to the treatment regimen. Dawn told the psychiatrist that medication had never worked for her and that she would run away if forced to take meds. When she stormed out of the room, Barry suggested that maybe Dawn had a point given how well she was doing without medications. The psychiatrist told Barry that he was being manipulated by Dawn and that he was naïve to think that clients should decide what treatment they get.

When Dawn realized that she had no voice or choice in her own treatment, she grudgingly complied while slipping back into the brooding and combative behavior that had brought her to the center in the first place. True to her word, Dawn fled the center and was gone for several days, during which Barry became increasingly worried about her and angry that her experiences and preferences were being completely ignored in favor of the center's standard one-size-fits-all treatment. Dawn was found several counties away. She had been on a 3-day alcohol and drug binge, gang raped by a carload of men, and forcefully injected with an antipsychotic drug by the time the police returned her to the treatment center.

As Dawn continued to protest her medical treatment, Barry combed the research literature for findings about medications and youth. Much to his surprise—and in contrast to what clients were routinely told—he found no empirical support whatsoever for the use of *any* psychotropic medication with children, let along multiple medications. He shared this information with the center director and psychiatrist and was promptly fired. Barry saw Dawn on his way out of the center and apologized for not being more helpful to her. She assured him that she would be fine and thanked him for doing what no one had ever done for her before—going to bat and supporting her position.

Duncan describes his experience with Dawn as the defining moment of his career and the seed of his evolving commitment to privileging clients' wisdom, resilience, and feedback. The following sources provide additional information about CDOI practice with young people, caregivers, and schools: Duncan (2014), Murphy and Duncan (2007), and the Heart and Soul of Change Project

(www.heartandsoulofchange.com).

Summary of Therapeutic Foundations

The therapeutic foundations of solution-focused counseling in schools are summarized briefly here and in Table 3.1:

Table 3.1 Therapeutic Influences

Therapist/Group	***Key Features***
Milton Erickson	Customized services to each client, used the crystal ball technique to encourage clients to focus on the future, encouraged small changes in the problem, viewed clients as stuck vs. sick
Mental Research Institute	Described a common problem process in which attempted solutions become the problem, interrupted ineffective solutions by encouraging clients to "do" and "view" the problem differently, framed interventions to fit the client's position
Brief Family Therapy Center	Emphasized efficiency and keeping it simple, focused on future goals vs. past problems, used skeleton keys to unlock a wide range of problems, built solutions from exceptions to the problem
Client-directed, outcome-informed practice	Gives clients a significant voice in their own care, recruits client resources, collects client feedback at each session, adjusts services based on client feedback

- Tailor services to each client (think Erickson's "I've never met a 'general' client").
- If it doesn't work, do something different (think MRI's different solutions vs. more of the same).
- If it works, do more of it (think SFBT's exceptions to the problem).
- The client knows best (think CDOI practice's giving clients a voice).

Table 3.1 summarizes the contributions of Erickson, the MRI, the BFTC, and CDOI practice. The solution-focused counseling approach described in this book borrows from each of these influences; however, it is the client who ultimately determines the acceptability and usefulness of any therapeutic idea and technique. Research makes it clear that no one method works with every client. We need to be flexible in selecting and discarding techniques on the basis of the client's response. Research also makes it clear that outcomes are enhanced when counseling is client driven rather than technique or practitioner driven. With these points in mind, the following section describes the key values and assumptions of solution-focused counseling in schools.

Core Values and Assumptions of Solution-Focused Counseling in Schools

The solution-focused approach described in this book is based on a set of core values and assumptions. These values and assumptions—derived largely from the empirical and conceptual foundations in Chapter 2 and the therapeutic influences described in this chapter—drive every aspect of counseling from the first contact with clients through the evaluation of services. Just as a compass helps travelers stay on track as they move toward a destination, the following values and assumptions help practitioners stay on track throughout the counseling process.

Values

There are two foundational values of solution-focused counseling:

1. *Clients should be given the opportunity to be involved in every aspect of their care.* This value is based on the simple and respectful notion that clients—the very people for whom counseling services are designed—should be invited to participate in every aspect of their care. In addition to honoring core principles of multiculturalism and social justice, giving clients a significant voice in shaping and evaluating counseling services results in better outcomes. This value is the cornerstone of solution-focused counseling in schools.
2. *Client resources should be recognized and supported.* Without denying the reality and pain of school problems, this value urges us to identify students' strengths and resources and incorporate them into the counseling process. The client is indisputably the most powerful ingredient of successful counseling. Unfortunately, the traditional medical/diagnostic emphasis on illnesses and deficits overlooks the powerful role of clients in their own recovery and minimizes the significant role of developmental, environmental, and situational factors in child and adolescent problems. Solution-focused counseling prioritizes client resources and contributions throughout the change process.

In addition to playing a foundational role in solution-focused counseling, these values are consistent with several reports and position statements in the mental health professions. In the United States, for example, the President's New Freedom Commission on Mental Health (2003) stated that "successfully transforming the mental health service delivery system rests on two principles" (p. 4): (a) consumer-centered care, which requires that practitioners work "in full partnership with the consumers they serve to develop individualized plans of care" (p. 28); and (b) recovery-oriented services, which involves a shift from diagnosing and treating illnesses to discovering and building on people's indigenous resources and capacity to change and grow. Involving clients in their care and honoring to their preferences and resources is also reflected in the American Psychological Association's definition of evidence-based practice as "the integration of the best available research with clinical expertise in the context of patient [*sic*] characteristics, culture, and preferences" (American Psychological Association Task Force on Evidence-Based Practice, 2006, p. 273). The Norwegian Directorate of Health (2009) similarly recommends that clinicians collect client feedback and adapt services accordingly and that clients be involved in major decisions that affect their care. Finally, the British Psychological Society's (2009) *Code of Ethics and Conduct* requires providers to "respect the knowledge, insight, experience and expertise of clients" (p. 10).

Assumptions

The aforementioned values are woven into five practical assumptions of solution-focused counseling:

1. *If It Works, Do More of It; If It Doesn't, Do Something Different*

   This assumption captures the practical nature of solution-focused counseling—but don't be fooled by its simplicity. Putting it into practice is not nearly as simple as it sounds because students and counselors often get caught up in doing more of the same and in focusing on what is not working rather than what is. The first part of the assumption highlights the importance of building on exceptions and other student resources. This point applies to practitioners as well, who are similarly advised to do more of what is working on the basis of client feedback and other measures of progress. The second part of the assumption simply suggests doing something different when things are not working. Solution-focused counseling encourages

clients and practitioners to hold lightly to theories and techniques and, most important, to let them go and try something else when they are not working.

In solution-focused counseling, the two primary ways of doing more of what works are building on exceptions (Chapter 6) and building on other client resources (Chapter 7). In regard to doing something different when things are not working, solution-focused counseling offers numerous strategies for changing the viewing (Chapter 8) and doing (Chapter 9) of the problem.

2. *Every Student Is Unique, Resourceful, and Capable of Changing*

   This assumption cautions us against categorizing students on the basis of our previous experiences, favorite theories, or diagnoses. Approaching people with a willingness to learn from them helps us to discover their unique perspectives, preferences, and resources. Given that the client is the key ingredient of change, the success of counseling rests largely on the extent to which we incorporate as much of the client as possible.

   In the midst of a serious problem, especially one that has lasted a long time, people often become demoralized and develop a narrow, problem-saturated story of themselves and their possibilities (White, 2011). Solution-focused counseling encourages a richer and more hopeful story by helping people recognize and apply their unique strengths and resources toward personally meaningful goals. Struggling students are seen as stuck versus sick, and their problems are seen as solvable roadblocks rather than pathological symptoms. Students are viewed as valuable consultants instead of being treated as passive players in an adults-only version of counseling. Viewing clients as unique, resourceful, and capable does not deny the seriousness or pain of a school problem. It does, however, create solution opportunities that might otherwise be overlooked.

3. *Collaboration Enhances Solutions*

   The quality of the client–practitioner relationship is a reliable predictor of outcomes in child and adolescent counseling (S. D. Miller et al., 2008; Shirk et al., 2012). Effective therapeutic alliances are built on mutual respect and common goals, which includes our accommodation of people's goals, resources, and feedback and their trust in our ability to help them reach their goals. Students, parents, and teachers are more likely to implement strategies that emerge from their own input than strategies that are imposed on them.

   Client involvement, also called *client participation and engagement,* is *the* essential feature of effective therapeutic relationships and outcomes. Counseling works best when clients are actively involved, when they experience a strong alliance with the counselor, and when counseling addresses what they see as important. We can promote effective relationships with students and others by (a) validating their struggles and perceptions, (b) encouraging their involvement and collaboration, (c) conveying hope in their ability to change, (d) noticing and amplifying any signs of improvement, (e) giving them credit by attributing improvements to their efforts, (f) focusing on future solutions versus past problems, and (g) obtaining their feedback and adjusting services accordingly.

4. *No Problem Is Constant*

   This assumption acknowledges the ongoing flux of human behavior, with special attention to the times when the problem is absent or less noticeable. Regardless of how constant a problem seems—and it can seem mighty constant when you're facing it as a student or caregiver—there are always fluctuations in its rate and intensity. Solution-focused practitioners actively seek out these fluctuations or exceptions to the problem, explore the conditions under which they occur, and encourage students and others to do more of whatever they have done to bring them about. In addition to providing clues to solutions, discussing exceptions increases people's confidence in their ability to improve their lives.

5. *Big Problems Do Not Always Require Big Solutions*

   Solution-focused counseling is based on the practical notion that one small change in any aspect of the problem can ripple into larger and more significant changes. This is encouraging to busy school practitioners who have neither the time nor the resources to conduct complex, time-consuming interventions for every school problem that they encounter.

   Solution-focused counseling encourages people to take small, manageable actions in the hopes that one positive change, no matter how small, will make it more likely that other changes will follow. In addition to creating positive momentum for future improvements, small victories

serve to shrink the problem and make it less overwhelming for the students, teachers, and parents who experience it day in and day out.

As evidenced throughout the chapter, solution-focused counseling differs in several ways from traditional problem-focused approaches. These differences are summarized in Table 3.2.

Table 3.2 A Comparison of Problem-Focused and Solution-Focused Counseling

Problem-Focused Counseling	***Solution-Focused Counseling***
Focus on weaknesses, deficits, and problems (problem talk)	Focus on strengths, resources, and solutions (solution talk)
Past focused	Future focused
Initial interview serves assessment and diagnostic functions	Initial interview serves alliance- and solution-building functions
Client is viewed as sick	Client is viewed as stuck
Services are counselor driven: Goals and interventions emerge from the counselor's preferences and model	Services are client driven: Goals and interventions emerge from the client's preferences, resources, and feedback
Counselor is the expert and teacher; client follows the counselor's lead	Client is the expert and teacher; counselor follows the client's lead
Service failures and client's uncooperativeness indicate that the client is resistant and needs to adapt to the counselor's approach and services	Service failures and client's uncooperativeness indicate that the counselor's approach and services need to be adapted to the client
Assumes a direct relationship between problems and solutions: Solutions ensue from the accurate assessment of problem history, origins, and presumed causes	Assumes no necessary relationship between problems and solutions: Many solutions, like skeleton keys, fit most problems regardless of problem history, origins, or presumed causes
Effective solutions result primarily from the counselor's skillful application of clinical models and techniques	Effective solutions result primarily from the client's strengths, resources, feedback, and other contributions

Summary and Conclusions

This chapter described the four key therapeutic influences on solution-focused counseling. The work of Milton Erickson highlights the importance of approaching counseling one student at a time, building on students' strengths and resources, and inviting people to envision a better future. The MRI's brief strategic therapy illustrates how attempted solutions can perpetuate the very problem they are intended to resolve. This approach emphasizes the importance of accommodating the client's position, interrupting ineffective solutions, and encouraging people to do something different versus more of the same. The founders of SFBT discovered that effective solutions do not require extensive knowledge about the problem and that it is more efficient to focus on building solutions rather than eliminating problems. They coined the term *skeleton keys* to refer to therapeutic strategies that are helpful with most clients and problems, including the formula first session task, the miracle question, and building on exceptions. CDOI practice encourages counselors to give clients a significant voice in their own care, to recruit client resources, to collect ongoing client feedback, and to adjust services based on client feedback.

The wisdom of these therapeutic influences was integrated with the empirical and conceptual foundations of Chapter 2 to form the core values and assumptions of solution-focused counseling in schools. Part Two translates these values and assumptions into practical strategies for helping students, teachers, and parents resolve school problems.

Discussion and Practice

1. Milton Erickson used clients' unique beliefs, skills, and other resources to develop creative solutions to their problems. Pick two clients and describe how their unique beliefs, talents, or other resources might be applied toward solutions.
2. When the MRI group encouraged a client to discontinue ineffective solutions and try something different instead, they did so with careful attention to client position. Think of a current situation in your work or life in which a person's attempts to resolve the problem are making things worse, and describe how you could encourage something different while respecting the person's position.
3. Explain the concept of skeleton keys in SFBT. Think about a challenging situation that you are working with, and describe how one of the skeleton keys could be used to promote a solution.
4. During the next week, try out the formula first session task by asking one or two of your clients to make a list of the things in their lives that they want to continue happening. Ask them what they have done and are currently doing to make these things happen. For a more personalized experience, make a similar list pertaining to you and your life. Ask yourself what you did to bring these things about and what you can do in the future to sustain them. Observe differences in the way you and your clients react to focusing on what works instead of what does not work.
5. Describe one or more ways that counselors can give clients a significant voice in their own care based on the ideas and methods of CDOI practice.
6. Discuss three practical assumptions of solution-focused counseling with an emphasis on how each assumption applies to the everyday challenges of school-based counseling.
7. List one small step that you will take in your future work as a result of the information in this chapter.

Part Two
Tasks and Techniques of Solution-Focused Counseling

Chapter 4

Building Collaborative Relationships

Chapter Objectives

- To emphasize the importance of effective relationships in school-based counseling and intervention
- To introduce the foreign ambassador metaphor as a guide to building collaborative relationships with students, teachers, and parents
- To provide practical strategies for building effective relationships with students and others

• • •

Humility is the only lens through which great things can be seen.

—Parker Palmer

Imagine watching the very first episode of *Name That Outcome,* a game show in which four professional counselors try to predict counseling outcomes for various clients. Contestants are given no prior information about the counselor, client, or problem. They are permitted to ask one question on which to base their prediction, and the counselor with the highest percentage of accurate predictions is the winner. As it turns out, one of the counselors does much better than the others at predicting outcomes. Whereas the other three ask about the severity of the client's problem, the length of treatment, and the experience level of the counselor, the winning contestant asks one simple question: "How did the client rate the client–counselor relationship?" Although this scenario is imaginary, its message about the power of relationships in counseling is very real.

The most important initial task of solution-focused counseling is to *involve* clients by developing collaborative relationships. The quality of the client–counselor relationship as perceived by the client is the most reliable predictor of counseling outcomes with young people and adults (Bedi, Davis, & Williams, 2005; Horvath et al., 2011; Lambert, 2013; S. D. Miller et al., 2008; Norcross, 2011; Shirk et al., 2012). Client involvement and collaboration are essential to effective therapeutic relationships (Bohart & Wade, 2013; Orlinsky et al., 2004; Tryon & Winograd, 2011). Some studies suggest that collaboration, although vital for all clients, is particularly important with young people who enter services as involuntary, mandated clients with an understandable degree of suspicion, reluctance, and anger (Bolton-Oetzel & Scherer, 2003; Garner et al., 2008). This chapter offers practical strategies for building collaborative relationships with students and others.

Adopting the Ambassador Mindset

In the beginner's mind there are many possibilities, but in the expert's there are few.

—Shunryu Suzuki

Collaborative relationships begin with an attitude of openness and humility. This attitude is illustrated by the metaphor of a foreign ambassador entering an unfamiliar country or culture (Murphy, 1997). Instead of barging into a new country with a set of judgments and recommendations, effective ambassadors adopt the following beliefs and actions—all of which contribute to successful outcomes in counseling:

- Approach people with a beginner's mind that conveys humility, curiosity, and a willingness to learn.
- Look, listen, ask, and learn as much as possible before offering suggestions.
- Treat people as experts on themselves and as essential contributors to solutions.
- Respect people's freedom to accept or reject your suggestions and to adapt them to their unique style and situation.
- Respect diverse opinions, ideas, expressions, and cultural backgrounds.
- Involve people in every major decision that affects their lives, including the evaluation of your services.

These ideas differ greatly from the traditional medical model in which the expert practitioner diagnoses problems and prescribes treatments with minimal input from the client. The authoritarian strategy of dictating and directing the counseling process can intimidate young people and reduce their willingness to participate. Research confirms that clients who view themselves as inferior to their counselors are more likely to hold back their input and engagement and to be less hopeful about positive outcomes than clients who perceive themselves as more similar and equal to their counselors (Balmforth, 2006). Perceptions of client–counselor power disparities and dissimilarities are frequently reported by ethnic minority clients (Chang & Yoon, 2011; Thompson, Bazile, & Akbar, 2004; Ward, 2005). These are important considerations in school-based services given the age discrepancies and cultural differences between students and counselors and the fact that students may enter services feeling inferior and embarrassed as a result of their problem. The ambassador perspective counteracts these barriers by inviting young people to become actively involved in every aspect of their care.

Several years ago, I was presenting the ambassador perspective to an international group of workshop participants when a soft-spoken Native American counselor named Ayasha shared the following comments: "The 'all-knowing' position of helping professionals has greatly reduced their success with Native American clients. My people are very cautious about sharing their problems with pushy professionals who think they know it all." Ayasha went on to make a passionate plea for professional humility, stating that Native Americans deserve to be respected for their unique gifts, traditions, and resources instead of being told what to do by professionals who have not taken the time to understand them. Ayasha's comments capture the essence of the ambassador mindset and are relevant not only to Native Americans but to *all* clients. The remainder of the chapter translates the ambassador mindset into practical strategies for building collaborative relationships in school-based counseling.

Listening

To listen well is as powerful a means of influence as to talk well and is as essential to all true conversation.

—Chinese Proverb

Listening may be the most underrated skill in the helping professions. Above all, effective counselors are good listeners. Listening conveys our interest in people's ideas and experiences and helps us to understand who clients are and what they want from our services. H. Anderson (2007) recommended that counselors adopt a position of "not knowing," which emphasizes the importance of listening to clients rather than diagnosing or instructing them.

Brittany: The Benefits of Listening and Not Knowing

Several years ago, a high school student named Brittany taught me a valuable lesson about listening. Brittany was referred by her teachers because of absenteeism and declining grades during the first half of her senior year. Her file referred to a prior experience of sexual abuse in which she was molested by her father. Although our counseling goal was to improve her grades and school attendance, Brittany brought up the topic of sexual abuse in our first meeting.

Brittany: So are you some kind of expert on sexual abuse?

Counselor: No, I'm not an expert. Why do you ask?

Brittany: I saw that book on your shelf [*referring to a book on counseling sexually abused children*].

Counselor: I see. I have read some things about sexual abuse, but most of what I've learned has come from people like you who have told me about their own experiences and reactions to it. Does that make any sense?

Brittany: Yes. The last psychiatrist I saw babbled on about this and that. Repressed memory, masked depression [*laughs*]. What does that even mean?

Counselor: I'm not sure.

Brittany: I'm pretty smart with words, but half the time I didn't know what he was talking about.

Counselor: You mean talking about the sexual abuse?

Brittany: Yes.

Counselor: Did you *want* to talk to him about it?

Brittany: Yes. But *I* wanted to talk about it instead of having him go on and on. He acted like he could read my mind. He would tell me how I felt and what I thought. Give me a break.

Counselor: Well, I promise I can't read your mind, or anybody else's for that matter.

Brittany: [*laughs*] Thank God.

I met with Brittany four more times that year. As you might guess, I listened a lot more than I talked during these meetings. I periodically asked Brittany what I was doing or not doing that was helping or hindering our work together, and she was not shy about telling me. She accomplished her goal of passing all of her classes and graduating from high school. I will never forget her comments during our final meeting, as they have left a lasting impression about the importance of listening to and respecting the client's point of view.

Brittany: Thank you for helping so much this year.

Counselor: You're welcome. What did I do that helped you the most?

Brittany: You listened instead of telling me what to do. Nobody ever listens, but everybody has ideas about what I should do or not do, and they're not afraid to tell me. Do this, don't do that. It's like everybody is an expert on me except me. You didn't do that. You treated me like an adult instead of a weak little kid.

It is doubtful that Brittany would have accepted any theories or interventions related to sexual abuse until her opinions were heard and validated.

The following guidelines are useful in listening to students, parents, teachers, and others:

- Listen with a beginner's mind, from a position of not knowing.
- Accept people's comments at face value.
- Listen for any hints of clients' strength, hope, resilience, and other assets.

Listening with a beginner's mind is not as easy as it sounds because we are often prone to interpret, judge, and evaluate what others say and do. Listening for strengths and resources can also be challenging when we are working with struggling students and serious school problems. As Egan (2014) pointed out, paying close attention to what is right and working in the lives of clients is an essential aspect of effective helping:

> If you listen only for problems, you will end up talking mainly about problems. And you will shortchange your clients. Every client has something going for him or her. Your job is to spot

clients' resources and help them invest these resources in managing problem situations and opportunities. (pp. 89–90)

Solution-focused counselors are like treasure hunters, always on the lookout for signs of strength, success, and other resources.

When I meet with students in individual and group counseling, I often ask, "What can adults do to be most helpful when you have a problem?" Their most common response: "Listen to us!"

Curiosity

Never lose a holy curiosity.

—Albert Einstein

Another way that we can put the ambassador mindset into action is by being curious and tentative instead of absolute and certain. Put yourself in the student's shoes to see how you would respond to the following two scenarios in which the counselor proposes a different view of the teacher. Pay close attention to the counselor's language in each scenario (key phrases are italicized in Scenario 2).

Scenario 1: The Absolute and Certain Counselor: When we met last week, you were saying that your teachers were too strict and they didn't care about you. I've thought about that, along with some other things we discussed. You've got your teachers all wrong [statement of certainty]. They actually care a lot about you. It is precisely because they care about you that they take the time and effort to make sure you do your homework and get good grades. [The phrase "it is precisely because" implies absolute truth.] Do you understand?

Scenario 2: The Curious and Tentative Counselor: When we met last week, you were saying that your teachers were too strict and they didn't care about you. *I'm wondering* if there could be any other *possible* explanations for what your teachers are doing [statement of curiosity]. *I'm not sure* if this is on target [tentative statement], but I'll let you decide. *Could it be that* one of the reasons your teachers get on your case about turning in homework and getting good grades is because they *might* actually care about you enough to remind you to turn it in, so you can get better grades? *I don't know*, what do you think?

One of the surest ways to ruin a good idea is to force it on people against their will, as illustrated by the counselor in Scenario 1. By disregarding the fact that students prefer to form their own opinions of our ideas, the counselor in Scenario 1 uses comments that weaken the alliance and set up a power struggle with the student. In contrast to the authoritarian tone of the counselor in Scenario 1, the counselor in Scenario 2 offers the same idea in a tentative and curious manner. The second counselor's language conveys the ambassador mindset by putting the student in the driver's seat as the ultimate judge of the counselor's idea. Box 4.1 illustrates the futility of trying to talk people out of their beliefs.

Box 4.1

George, the Dead Guy: Convincing the Unconvincible

George was referred to a psychiatrist by his wife because he thought he was dead. True to form, George entered the psychiatrist's office and boldly proclaimed that he was dead. The psychiatrist skillfully presented several rational arguments to convince him otherwise, none of which worked to change George's position. The psychiatrist became frustrated and said, "Sir, you seem like a decent fellow. Why don't we talk about what's really bothering you and drop this stuff about being dead. What do you say, George?" George was touched by the doctor's concern but steadfastly maintained that he was dead. Suddenly, the psychiatrist had a brilliant idea and the following conversation ensued:

Psychiatrist: George, are you absolutely sure you are dead?

George: Yes.

Psychiatrist: Would you be willing to participate in a scientific experiment to put your belief to the test?

George: Sure.

Psychiatrist: Tell me, George, do dead men bleed?

George: Of course not.

Psychiatrist: Would you allow me to gently prick your finger with a pin to see whether or not you bleed?

George: Sure.

With that, the doctor pricked George's finger, which promptly began to bleed. George stared at his bleeding finger in somber defeat.

Psychiatrist: You can't escape the facts, George. You have to admit you were wrong.

George: [*turning to leave the office*] Yes, doctor. I was definitely wrong. Dead men do bleed.

• • •

Note. This story was adapted from *Friedman's Fables,* by E. H. Friedman, 1990, New York, NY: Guilford Press. Copyright 1990 by Guilford Press.

In addition to inviting people to freely accept or reject our ideas, the language of curiosity preserves our credibility when our ideas are judged as inaccurate or unhelpful. When a student rejects an idea that is presented as a "possibility" that "might" work, we can simply move on with our credibility intact. In contrast, presenting our ideas as truths or certainties boxes us into a corner, jeopardizes our credibility, and limits solution opportunities. The following words and phrases help to convey a respectful position of curiosity:

- I'm not sure if this makes sense, but . . ..
- Could it be that . . .?
- I'm wondering . . ..
- What do you think might happen if you . . .?
- Is it possible that . . .?
- I'm guessing that . . ..

An attitude of curiosity is helpful throughout the counseling process. For example, the following questions can be used when improvements occur:

- Can you help me understand how you managed to change so quickly?
- What led you to that idea?

- What have you been doing differently to make things better at school?

Our curiosity about how students and others made improvements encourages them to take credit for such changes and to reflect on what they did to bring them about.

Like good ambassadors, effective counselors approach clients with an attitude of curiosity because they view clients as the best teachers of what will work and not work with them. In short, effective counselors allow themselves to be shaped into effectiveness by their clients. In applying the ambassador mindset with students and others, I remind myself that I work for them—not the other way around!

Validation

Effective counselors validate clients by respecting their concerns, accepting their opinions and feelings, and assuming they are doing the best they can under the circumstances. Students, parents, and teachers may be wary of the counselor's judgments for various reasons. They may be embarrassed by the problem or by their inability to resolve it, both of which may create defensiveness and distract them from their goals. Validation frees up clients to focus on building solutions rather than defending or justifying themselves to us. Once people know that we are not going to judge or blame them, they can relax and direct all of their energy toward building solutions. Validation requires

- listening to what clients say and how they say it
- accepting their perceptions at face value
- normalizing their concerns and struggles
- conveying faith in their strengths and resources
- partnering with them to construct individualized interventions that match their perceptions, goals, and resources
- acknowledging their desire to make things better and their ability to cope with difficult circumstances

Validation can take subtle or direct forms during counseling conversations. Subtle forms of validation, referred to as *minimal encouragers* (Meier & Davis, 2011), include responses such as "yes," "sure," "okay," "of course," and "uh-huh." The following are examples of more direct and specific forms of validation:

- I can see why it's important for you to speak up and defend yourself when people say mean things about you and your family.
- With everything you've been through, I can understand why you feel like dropping out. In fact, I'm wondering how you've managed to stay with it and keep coming to school up to now.
- No wonder you're so nervous—this is a big decision for you and I'd be surprised if you weren't nervous.
- It makes perfect sense to take your time instead of rushing right in and trying to fix this all at once.
- It sounds like you have good reasons for feeling/acting this way.

Normalizing is a special form of validation that is particularly useful in working with students and caregivers. Consider Elise, an experienced and respected teacher who requested help with a fourth-grade student named Joseph. It was a well-known fact that Elise had the toughest fourth-grade class because of her strong reputation and behavior management skills. Elise was embarrassed as she described how Joseph's behavior bothered her so much and wondered aloud whether she had lost her ability to manage difficult students. She described a specific incident in which she caught Joseph going through her desk and yelled at him, which was not her usual response. Later that week, she got into an argument with his parents when they did not acknowledge the seriousness of Joseph's behavior. Elise cowered a bit as she described these events, as if she was expecting to be scolded or criticized by the practitioner. After allowing Elise to describe her concerns and feelings, the practitioner normalized her reactions in the following way:

> Elise, I know you didn't respond to Joseph the way you wanted to, but it's no wonder that you lost it with him and his parents. He has been a thorn in your side all year. You have patiently helped him with his behavior and academics, not to mention all of the discussions you've had

> with Joseph and his parents. On top of all this, you have a large class with a lot of tough kids. I'm surprised you aren't even more frustrated at this point.

Elise was visibly relieved by these comments. With the assurance that she was not losing it and that the practitioner was there to support rather than judge her, Elise focused on the task at hand and developed an effective plan for working with Joseph and his parents.

The principle of validation assumes that people have good reasons for feeling and acting as they do. Validation does not reduce people's responsibility and accountability for their actions; rather, it frees them from our judgment and allows them to focus their full attention on the task at hand.

Asking Permission

Another subtle way to convey the ambassador mindset is to ask clients' permission to explore delicate topics, to ask certain questions, to obtain their input on forms and rating scales, and other such things. Here are a few examples:

- Is it okay with you if I take notes during our meeting?
- I'd like to ask a few questions about how things are going at home if that's okay with you. Are you okay with that or not?
- Can I ask you another question before we stop?
- I'd really appreciate your feedback on a short form that will help me understand how things are going for you. Can you help me with that?
- I'm wondering about what's most important to you in your life. Are you okay with me asking some questions about that or not?
- Is it okay with you if I share some ideas that have helped other people with similar struggles?

Asking permission lets clients know that we value their input and preferences. Like other techniques in this chapter, asking permission helps to realign and level the counseling relationship by elevating the client's role in determining *what* is addressed and *how* it is addressed.

Asking Change-Focused Questions

> *The questions which one asks . . . become one's key to the experience of others.*
>
> —James Baldwin

Asking questions is a standard method of gathering information in counseling. In solution-focused counseling, questions not only help to gather information but also serve the additional purpose of promoting change—hence the term *change-focused questions* (Murphy, 2008). Change-focused questions explore what students deem as important (goals and values) and what they bring to the table that will help them reach their goals (strengths and resources). In discussing the powerful role of questions in counseling, Egan (2010) cautioned counselors about asking too many problem-focused questions:

> Like the rest of us, clients become what they talk about and then go on reinforcing what they have become by talking about it. If you always encourage them to talk about problems, they run the risk of becoming problem people. . . . What clients focus on becomes their chronic reality. . . . So be careful about the questions you ask. They should not keep clients mired in problem talk because problem talk can keep clients immersed in frustration, impotence, and even despair. (p. 292)

In schools, "why" questions about what students are doing wrong are among the most common and hindering forms of problem talk. Consider the following questions from the student's perspective:

- Why did you do that?
- Why didn't you just tell the teacher after class instead of yelling it out during class?
- Why do you continue doing things that cause trouble at school?

The main goal of questions in solution-focused counseling is to activate the core ingredients of change: client, relationship, and hope factors. When viewed in light of these factors, problem-focused why questions fall short because they put people on the defensive and focus on unchangeable problems of the past versus changeable possibilities of the future.

The collaborative, invitational tone of questions in solution-focused counseling is very different from the authoritarian, interrogating tone of questions in other treatment approaches. Solution-focused practitioners ask questions to help people develop their own conclusions and solutions rather than telling them what to do. The story in Box 4.2 illustrates the benefits of asking versus telling.

Box 4.2

Asking Versus Telling: The Question Mark Strategy

A colleague named Scott once told me about a memorable strategy he learned from his clinical supervisor in graduate school. One day, Scott was telling the supervisor about the difficulties he was having with a client he was scheduled to meet with later that day. The supervisor grabbed a magic marker from her desk, drew a large question mark on the palm of Scott's hand, and said, "When you see the client this afternoon, I want you to look at your hand every time you're tempted to offer advice. When you feel the urge to tell the client something, ask it instead."

As it turns out, the strategy worked beautifully. Just as Scott was about to tell the client something ("Maybe you should . . ."), he would spot the question mark and ask instead ("What do you think would be best?"). This simple strategy serves as a reminder to ask versus tell when meeting with students, parents, and teachers.

• • •

The following discussion addresses two types of questions that are used in solution-focused counseling: open questions and social relationship questions.

Open Questions

Open questions are generally favored over closed questions because they invite people to elaborate on their ideas, experiences, and perceptions ("How have you handled similar challenges? What else was a little better at school during the past week?"). Closed questions require minimal responses such as "yes" or "no" and are helpful in clarifying certain facts ("Have you talked to your teacher about this? How many days did you attend school last week?"). Closed questions are used sparingly because they put people in the passive role of information providers. They also create an atmosphere of interrogation versus invitation and collaboration. Consider how students might respond differently to the following two questions presented in closed and open formats:

Question 1 (Closed): Do you care about your grades and school attendance?

Question 1 (Open): What are your views on the importance of grades and school attendance?

Question 2 (Closed): Now that things are better at school, are you going to continue these changes?

Question 2 (Open): Now that things are better at school, what are your plans for the future?

As illustrated here, open questions open up the conversation by inviting students and others to expand on their ideas and intentions. This book includes dozens of open questions on topics ranging from building relationships to discovering student resources. Here are a few examples:

- What can I do to be more helpful in these meetings?
- What do you think might help turn things around?
- What advice would you give other students who are struggling with this problem?
- How have you kept things from getting worse?

Although open questions are favored in solution-focused counseling, closed questions are occasionally used to clarify specific events and details. For example, in working with a student who says, "I don't like getting sent out of class," we can ask, "What is your favorite class?" and "Which class do you get sent out the least from?" Unlike closed questions that keep the counselor in control, questions such as these focus on the student's perceptions and lay the groundwork for additional open questions. For instance, if the student gets sent out of math class less than other classes, we can follow up with open questions such as, "How are you different in math class?" and "What is different about your math class than your other classes?"

Social Relationship Questions

School problems are embedded in a social context rather than residing strictly within the student.

Students' social interactions and relationships can influence problems and solutions, which is why social relationship questions play such an important role in solution-focused counseling. Social relationship questions explore (a) the role and influence of key people, relationships, and social interactions in students' lives and (b) the social impact of solutions. The following questions fall into the first category:

- Who do you respect the most in your life? If she were in your shoes, what would she do about this problem? If you called her and told her about this, what would she advise you to do?
- What would your parents say if I asked what they appreciated most about you and about what you bring to the family? Why do you think they appreciate that so much?
- If I asked your history teacher about one small thing you could do to improve in class, what would he say?
- Of all the people you've ever known, who would be most surprised by this problem you're having in school? Why would they be surprised? What do they know about you that others don't?

Here are a few questions that explore the social impact of solutions:

- If things get better at school, how would that change things between you and your parents?
- Who will be the first to notice your small improvements at school? How might they respond? What will that be like for you?
- How has your relationship with your math teacher changed since you've started paying more attention and turning in more work?
- How will life be different in your family when this school problem becomes less of a problem?

Social relationship questions are particularly well suited for young people because they accommodate their preference for not being put on the spot by variations of the question, "What are you going to do about this problem?" Children and adolescents can be very sensitive and resentful about being put under the microscope and scrutinized by counselors and other adults. They may therefore be reluctant to say exactly what they think for fear of being analyzed and criticized. Social relationship questions provide safety by allowing students to step outside themselves and reflect on the situation from a different perspective.

In summary, change-focused questions serve multiple functions, ranging from gathering information to building positive relationships and activating people's hopes and resources. The efficiency of addressing several purposes in one question is one of the reasons why solution-focused counseling is so appealing to busy school practitioners. As evidenced throughout this book, a well-timed question can be a game changer in the search for school solutions.

Complimenting

Insults should be written in sand; compliments should be carved in stone.

—Arab Proverb

Compliments acknowledge what people are doing well and invite them to embrace a more hopeful view of themselves and their possibilities. Although compliments are useful with all clients, their impact may be strongest for those who rarely receive them. Some students have had very few compliments throughout their lives, which can diminish hope and result in a "What's the use?" outlook. Compliments help to reframe students' views of themselves and their circumstances. For example, asking a student who complains of being stressed out and depressed, "How have you managed to juggle so many things for so long?" invites a more hopeful and empowering self-perception.

Anything we can do to boost people's hope and energy will improve outcomes (Alarcón & Frank, 2012), which is why solution-focused practitioners make frequent use of compliments. Here are a few examples:

- Everyone has tough times, but not everyone has the strength to do what you're doing by coming here and meeting with me to try to make things better.
- I'll bet it was really hard to learn skateboarding. How did you do that?
- [*Following the client's report of a successful idea or action*] Where did you find the courage to do that?

- With all you've been through, what has prevented you from giving up altogether?

Most compliments fall into one or more of the following categories:

- *Direct compliments:* Commenting directly on a person's actions, such as saying, "You did a great job on this assignment."
- *Indirect compliments:* Implying a compliment by folding it into a question: "How have you kept things from getting worse?"
- *Attribution-based compliments:* Referring to positive personal characteristics and attributions: "I'm not sure people understand what a caring person you are."

Even though some compliments can be used with many students and caregivers, it is important to tailor every compliment to the person who receives it. For example, we could offer the following compliment to a student who enjoys being with friends and playing guitar:

> I'm impressed that you're here trying to make things better at school. Some students would just blow it off instead of taking the time to talk with someone about it. You could be playing guitar or hanging out with your friends, but you're here because you want to make things better at school and you're willing to spend your time and energy to do that.

Most students and caregivers can be complimented for (a) attending counseling sessions ("It takes courage to meet like this"), (b) cooperating in the counseling process ("I really appreciate your help and patience in answering my questions"), and (c) trying to improve their lives or those of their children or students ("It takes a lot of caring and courage to keep trying like you've done instead of giving up").

In a study of the relationship between positive client outcomes and specific elements of solution-focused practice, the use of compliments correlated strongly with positive outcomes (Linssen & Kerzbeck, 2002). Compliments counteract the demoralization that students and caregivers feel after weeks or months of struggling with a serious problem. Like good ambassadors, effective counselors instill hope by complimenting their clients on what is right and working in their lives.

Using the Language of Change

Good words. That's where ideas begin.

—Star Trek II: The Wrath of Khan

Language plays a major role in building collaborative relationships with students and others. In addition to paying close attention to the client's language, we can use language in ways that promote hope and solutions. From a social constructionist perspective (Gergen, 2009), language and dialogue shape people's perceptions of themselves and their possibilities.

One of the reasons that language is so powerful is because it is additive in nature. If someone says, "Do not think about a pink elephant," this instruction cannot be followed because it is impossible to hear it without picturing it. Hearing or reading the phrase *pink elephant* automatically produces a mental image of a pink elephant no matter what precedes it. In other words, people will visualize a pink elephant regardless of whether they are told to do so or not to do so. Words produce pictures, and pictures are not easily erased. Hence, words cannot be erased or undone. Once spoken, they become vivid and permanent parts of the conversation.

Given the power of words in shaping perceptions, counselors need to "make the most of language as an engine of change" (Shapiro et al., 2006, p. 138). More specifically, we should use and invite language that helps to expand the way people view themselves and their possibilities. We can do this by using the language of empowerment, qualification, and presupposition.

The Language of Empowerment

When people are initially asked to discuss problems and goals, they may refer to what others should do differently ("My teacher should stop bugging me" or "This student needs an attitude adjustment"). We can validate these perspectives while using the language of empowerment to invite people to consider what *they* can do differently. In the following example involving a 15-year-old student named Stacy, the counselor validates Stacy's sense of powerlessness and uses the language of empowerment to invite her to consider what she can do to improve things:

Counselor: What needs to happen for things to get better for you at school?

Stacy: They need to get some new teachers here.

Counselor: New teachers?

Stacy: Yeah, teachers who know how to teach. Most of the teachers here don't really teach you anything.

Counselor: Sounds like it's really frustrating for you at school. [validating Stacy's perceptions]

Stacy: It is. It gets old.

Counselor: How does that make things worse for you at school when you feel this way about your teachers? [shifting the focus from the teachers to Stacy]

Stacy: Well, I just don't care. If they're not going to teach me anything, why should I care?

Counselor: That's a good question. Why should you care? Do you care?

Stacy: No. Well, kind of.

Counselor: Kind of?

Stacy: I want to do okay in school. I don't want to be like my brother and flunk out and end up on the streets.

Counselor: Why is it important to you to do okay in school and not flunk out like your brother?

After discussing Stacy's reasons for wanting to succeed at school, which include graduating and getting a good job to make her mother proud, the counselor explores what Stacy is willing to do to move closer to her goal of graduating.

Counselor: I can see how this is important to you for many reasons. I also think it's going to take hard work and courage to get where you want to go in school. It's going to be hard to do what you need to do to make things better in school and graduate. How willing are you to do what it takes?

Stacy: I'm willing.

Counselor: Even when your teachers do things that you don't like or agree with?

Stacy: Yes.

The remainder of the conversation focuses on the only part of the situation that Stacy can influence—*her* choices and actions—instead of the attitudes and actions of her teachers.

Another way that counselors can use the language of empowerment to boost people's sense of personal agency and influence is to attribute positive changes to their individual efforts, actions, and contributions, as illustrated in the following examples:

- Tell me about a recent day when things went a little better than usual at school. How did you make that happen?
- How did you come up with this different approach?
- Some teachers might have given up long ago. How did you resist the urge to give up?
- How have you managed to cope with this so far? How can you put those resources to work to improve things between you and your daughter?
- You've managed to change a very difficult problem. What has that taught you about yourself? What advice would you have for others who struggle with similar problems at school?

Some students have faced very difficult, disempowering situations over which they have had little control. Child abuse, unstable homes, and unsafe neighborhoods are a few such examples. The language of empowerment does not deny these harsh realities but respectfully invites students to focus on changeable and controllable aspects of their lives, such as personal values, goals, and actions. Students who connect positive school outcomes and achievements to *their* efforts are more likely to maintain successful behavior than students who do not make such connections (Dweck & Master, 2008). The language of empowerment enhances solutions by encouraging students to link behavioral and academic achievements to their efforts and actions.

The Language of Qualification

Struggling with an ongoing school problem is a distressing experience, so it should come as no surprise that students and caregivers may enter counseling with a rather discouraged and hopeless outlook. This outlook is often reflected in global, all-or-nothing statements such as the following:

- I can't do *anything* right.
- I've *never* done well in school, so there's *no use* in even trying.
- I've tried *everything* with this student, and nothing works.
- He'll *never* change.
- My mom and I fight *constantly*.

Counselors can validate people's perceptions and frustrations while using the language of qualification to invite a more flexible and hopeful outlook. Check out the following exchanges in which the counselor's qualifying language is italicized:

Example 1

Student: My science teacher, Mr. Hayes, hates me. I'm constantly getting in trouble. I can't do anything right in his class.

Counselor: That must be very frustrating for you. I'm sorry to hear that you and Mr. Hayes *don't get along very well* and you get in trouble *a lot* in class. Can you think of a day when things weren't *quite as bad* as usual in science class?

Example 2

Teacher: He never turns in homework and he misbehaves constantly.

Counselor: So he's had *a lot of* trouble with homework and behavior *so far* this year.

These examples show how the language of qualification gently introduces more flexibility and

possibility into the conversation without challenging the client's perspective.

The Language of Presupposition

A presupposition implies something without directly stating it. Trial lawyers often embed presuppositions into questions that are designed to influence the jury's perception of a witness. Consider the question, "Are you still embezzling money from the company?" Regardless of the answer, the question implies or presupposes that the person is already guilty of stealing.

The language of presupposition is used in solution-focused counseling to convey confidence in clients and their ability to resolve problems (McKeel, 2012). The italicized words in the following questions are designed to instill hope by presupposing positive changes:

- How *will* your teachers and parents treat you differently *when* things start improving at school?
- What *will* be the first small sign that things are getting better at school?
- How *will* you know *when* things start getting a little better between you and your daughter?
- Which one of your students *will* be most surprised *when* you start using these new strategies in your classroom?

As evidenced in these questions, the counselor's presupposition of change is conveyed by future-oriented words such as *will* and *when*. The language of presupposition conveys the counselor's faith in the inevitability of change and in people's ability to improve their lives. Consider Andre, a seventh grader referred by the school and court for truancy. The juvenile court judge recommended increased parental supervision, an evening curfew, and counseling. School disciplinary measures included phone calls to Andre's parents when he was absent, grade penalties, and after-school detention (which he usually skipped). The following dialogue took place the day after Andre's court appearance:

> *Counselor:* I read all the stuff from the court report. There's a lot going on, huh?
>
> *Andre:* Yeah.
>
> *Counselor:* What would you like to see happen?
>
> *Andre:* I want everybody to back off. They're making it seem like I'm a criminal or something. All I've done is skip school a few times. It's not like I murdered somebody.
>
> *Counselor:* What will be different about your life when people start backing off?
>
> *Andre:* What do you mean?
>
> *Counselor:* How will your parents treat you differently when you start coming to school a little more?
>
> *Andre:* I guess they won't ground me as much or talk to me all the time about skipping school.
>
> *Counselor:* What else will be different when you come to school more often?
>
> *Andre:* I won't have to go to court and hear everybody talking about me and how much trouble I'm in.

The language of presupposition laid the groundwork for exploring small changes that Andre was willing to make to be treated better at home and school. Andre's school attendance improved enough for the court and school to "back off" as he had hoped.

Accommodating the Client's Position

As noted in Chapter 3, Milton Erickson adapted his approach to each individual client instead of requiring the client to conform to his preferred methods and interventions. The Mental Research Institute group similarly stressed the importance of selecting and presenting interventions with careful attention to *client position,* which consists of the client's ideas about the problem and about his or her role in resolving it. This section expands the concept of position to include these elements along with clients' prior solutions and preferences about what they want from counseling.

Outcome research supports the benefits of tailoring counseling services in ways that acknowledge and accommodate the client's ideas and preferences (Duncan, 2014; Norcross & Wampold, 2011). Just as a tailor adjusts a suit to fit the owner, we need to customize our services to the client. This involves tailoring topics, tasks, goals, and interventions to each individual client and being willing to alter our approach in response to the client's feedback and progress.

The first step in tailoring services to clients is discovering their position by

- listening for key words and phrases
- exploring clients' opinions about the problem and solution
- exploring clients' prior, current, and prospective solutions
- determining what clients want from us and our services

These methods are addressed here, along with specific examples and suggestions for accommodating the client's position.

Listening for Key Words and Phrases

Clients' language reveals important aspects of their position, which is why I ask their permission to take notes during counseling sessions. Taking notes allows me to record key words and phrases that people use to discuss the problem, solutions, and related ideas. I also offer to make copies of my notes for clients at the end of the meeting, which reinforces the transparent and collaborative nature of solution-focused practice.

Incorporating clients' language into counseling conversations lets them know that we value their perceptions. The following example, involving a 12-year-old student named Eric, illustrates how to accommodate the client's position by noticing and reflecting key words and phrases in the client's description of the problem (as indicated by italics):

> *Counselor:* Why do you think Mr. Hamilton referred you to me?
>
> *Eric:* He's a *jerk,* that's why. He *gets on me* all the time. He has it out for me. He lectures all the time about stupid stuff, and then he wonders why we tune out and play around so much in class. Nobody likes him. He *gets on* everybody. He can't teach, so he yells at us instead. He ought to refer himself for counseling. I'm tired of him *getting on me all the time*.
>
> *Counselor:* How does he *get on you?*
>
> *Eric:* He's always asking me questions that he knows I won't be able to answer. He sends me out of class to the principal's office for little stuff. There are some people in there that mess around a lot more than me and never get sent out.
>
> *Counselor:* What else does he do that *gets on you?*
>
> *Eric:* He says bad stuff about me in front of the whole class. Instead of talking to me in the hallway, he does it in front of everybody else. I hate that.
>
> *Counselor:* Have you found anything that you can do in class to make him *get on you less* or be *less of a jerk?*

The use of key words and phrases from Eric's language conveys the counselor's willingness to cooperate with his position instead of trying to change it.

Exploring Clients' Opinions

Exploring clients' opinions helps us to tailor services to them rather than expecting them to conform to our ideas. The following questions can be used with students, parents, and teachers to explore their opinions about the problem and potential solutions:

- Sometimes people have a hunch about what is causing a problem and what will solve it. What are your hunches?
- What needs to happen to improve things at school?
- What is your theory about how change is going to happen here?
- Everyone has changed something. How does change usually happen for you?
- If you were counseling people in a similar situation, what would you advise them to do?

The wisdom and experience of clients have historically taken a back seat to the helper's chosen techniques and to so-called evidence-based treatments, both of which discount the powerful role of client and relationship factors in the change process (Bohart & Wade, 2013; Tryon & Winograd, 2011). Consider the following conversation with Karen, a third-grade teacher who seeks the counselor's help with a student who frequently disrupts her class. Notice how the counselor rejects Karen's opinion and tries to talk her into a different one.

> *Karen:* Every time I tell Ariel to do something, she talks back or does something to let me know she doesn't like it. She can be very manipulative with me and the other students.
>
> *Counselor: Manipulative* is a pretty harsh word. Could it be that she just wants more of your attention or more attention from the students?
>
> *Karen:* Have you ever seen her in class?
>
> *Counselor:* No, I haven't.
>
> *Karen:* Come in some time and see what you would call it. She openly defies my instruction and terrorizes other students. Yes, she needs attention all right, but the way she goes about getting it is by being defiant and mean. You really need to observe her in class to understand what I'm saying.
>
> *Counselor:* Well, I just believe that terms like *manipulative* and *defiant* are not helpful ways to view students because they set up a battle between the teacher and the student.
>
> *Karen:* But it *is* a battle. She's battling me for control of the class, and she's winning.
>
> *Counselor:* I just don't think you're going to be effective with her if you view this as a battle.
>
> *Karen:* [*becoming more annoyed and angry*] Why don't you come into the classroom sometime and see what you would call it.

Challenging the client's theory is one of the surest ways to damage the alliance and create an impasse in counseling. People are acutely aware of being challenged and usually respond by digging in and defending their position more strongly. Some people, like Karen in this example, make it clear that they do not appreciate their opinions being snubbed by someone who is not standing in their shoes. Others may shut down or talk less to avoid being challenged or criticized. Either way, client involvement and outcomes are jeopardized when the client's opinion is not given sufficient attention in the change process.

Let's replay this conversation to see how it might have gone had the counselor accommodated Karen's opinions instead of challenging them.

> *Karen:* Every time I tell Ariel to do something, she talks back or does something to let me know she doesn't like it. She can be very manipulative with me and the other students.
>
> *Counselor:* What does she do that is manipulative?
>
> *Karen:* I'll ask the class to do an assignment, and sometimes she'll just say, "I'm not doing it," right out loud so everybody can hear it. Or she'll make fun of other students when they answer a question. If she makes a mistake or something doesn't go her way, she tries to turn it around to make it seem like it's my fault. She openly defies my instruction and terrorizes other students. She can be real defiant and mean. It's like she's battling me for control of the class.
>
> *Counselor:* Who's winning the battle?
>
> *Karen*: At this point, I'd say she is.

Counselor: It must be a huge challenge dealing with this day in and day out.

Karen: Believe me, it is.

Counselor: A lot of people would have given up after a few weeks of this, but you haven't. How have you managed to hang in there?

Karen: Good question. I don't know. I guess I consider it a personal challenge to not let her get the best of me, but I'm about at the end of my rope. That's why I wanted to talk with you.

Counselor: I'm glad you did. It's no wonder that you're frustrated with this situation [validating the client's struggle]. I'm impressed that you haven't given up and that you keep looking for ways to improve the situation [complimenting]. Maybe we can come up with some ideas to help you hang onto the rope and gain more control [accommodating the client's desire to hang on and gain control, which are key components of her position].

Accommodating clients' opinions honors their position and strengthens the alliance. Having experienced the counselor's acceptance and validation of her opinions, Karen can focus her full attention on resolving the problem without the distraction of having to justify and defend herself to the counselor.

Exploring Clients' Solutions

Exploring clients' solutions involves asking about prior and current solutions as well as strategies the client has considered but not yet implemented. Here are a few examples:

- What have you tried so far? Did it help? If so, how did it help? If not, why do you think it failed?
- Of all the things that you or others have tried, what has been most effective? Least effective?
- How have you handled similar situations? Which of those methods might help you with the current problem?
- What have you thought about trying? How might that improve things?

Returning to Karen in the previous example, she and the counselor begin to explore solutions in the following way:

Counselor: What kinds of things have you already tried with Ariel?

Karen: Well, I've talked with her several times one on one to ask her why she acts this way and to explain that it is not acceptable. I've also taken away part of her recess, changed her seat, let her earn stickers for good behavior, called her parents, sent her to the principal's office, had her stay after school to help me clean up the room, and even tried in-school suspension for a couple hours one day.

Counselor: That's a lot. Of all the things you've tried, which ones have worked better than the others, even just a little better?

Karen: That's a tough question. Well, she loves to play kickball at recess, so I think taking away part of her recess got her attention and worked for a couple of days.

Counselor: Okay. What else helped?

Karen: Come to think of it, she did better for a day or two after I had her help me with a few things after school. I did it as a punishment, which was probably a mistake, but she seemed to enjoy helping me when it was just the two of us after school. We got along better during those 30 minutes than we have for a long time.

Counselor: What do you make of that?

Karen: I guess she enjoyed the attention.

Counselor: That's interesting. So maybe the attention you gave her after school stayed with her for a couple days, almost like a time-release shot of attention.

Karen: [*laughs*] Maybe so. Maybe if I give her more attention *before* she acts up, she won't act up as much.

The counselor and Karen went on to discuss several attention-giving strategies, all of which emerged from their exploration of prior solutions.

Determining What Clients Want From Us and Our Services

Determining what clients want from us and our services is vital to effective outcomes. Students and caregivers are more likely to participate with a counselor who is interested in what they want and willing to adjust services accordingly. Some people want a sounding board and listener, some want expert advice, and some want to brainstorm and problem-solve. Some are eager to try anything to change the school problem, whereas others enter counseling as mandated clients at someone else's request.

Accommodating what clients want from us is one of the most important tasks of counseling. School referrals involve multiple clients—students, teachers, parents, and school administrators—all of whom may have different ideas about the problem, solution, and counseling. This can make it challenging to accommodate what clients want from us and our services. This section describes two of the most challenging scenarios encountered by school practitioners, along with practical strategies for responding to each scenario in effective, accommodating ways. These strategies reflect clinical experiences and evidence-based practices in building therapeutic relationships (Muran & Barber, 2010; Norcross, 2011).

Scenario 1: The Student Is Not Interested in Changing the Problem

Given that students are usually referred by someone else, it is understandable that they may not be interested in changing the problem when they begin counseling. They may not even perceive that a problem exists, and if they do, they may view it as someone else's problem ("I'd be fine if my parents/teachers/other students would stop bothering me"). Some students may not even know why they were referred, and others may be angry about having to meet with a counselor.

Strategies for Responding to Scenario 1. The following strategies help to accommodate students who enter counseling with little or no interest in changing the problem. Although this discussion focuses on students, the ideas and techniques are applicable to similar situations involving parents and other clients.

1. *Acknowledge and validate the student's preferences*. Assume that people think and act in ways that make sense to them. This assumption is reflected in validating comments such as, "I can see how hard it is for you to have to come in here and meet with me today" and "No wonder you don't want to be here, given that you didn't have a say in the matter."
2. *Explore the student's perceptions with respect and curiosity*. Approaching students with respect and curiosity conveys our interest in their view of why they were referred to counseling and reduces the need for them to defend their perceptions.
    - Do you know why you were asked to see me?
    - Whose idea was it for you to come here?
    - What makes your teacher/parent think you could benefit from counseling?
    - What do you think needs to change in this situation?
3. *Work from the student's perspective to explore potential counseling goals*. Use the student's words and perceptions to explore goals that he or she would be willing to work on by asking questions such as, "What will it take to get your parents/teachers to back off about school?" and "What needs to happen for you to not have to come here anymore?"
4. *Identify the student's "big values" and explore how school figures into these values*. People of all ages hold big values for themselves and their lives (Murphy, 2013). Big values provide a student-driven context in which to explore connections between students' deepest values and the current school situation.
    - Let's forget about school for a minute. I have a question that is more important than school. It's so important that you can think about it for a few days before answering. The question is, "What do you want your life to stand for?"
    - What is most important to you in your life? Why is that important to you? How does school figure into that?
    - If you could be exactly the person you want to be, describe that person. What needs to happen for you to move a little closer to being that kind of person? What are you willing to do at school to become more like the person you want to be?

5. *Offer compliments*. Compliment students for attending the session—even when they don't say much—and look for other opportunities to offer compliments.
    - I'm impressed that you came here today. What made you decide to do that?
    - What gave you the courage to come here today?
    - In a world of talkers, it's nice to meet someone who doesn't feel the need to talk all the time.
6. *Discuss hobbies and other topics of interest to the student*. Discussing high-interest topics with students not only helps to establish a connection with them but also reveals unique abilities, interests, and other resources that might eventually be applied toward solutions.
    - I wonder how your knowledge and skills in sports might help you change this school problem.
    - Your parents told me you play guitar. How long have you been playing? How did you learn? What helped you to stay with it instead of giving up when you were learning?
7. *Refrain from making high-demand, action-oriented suggestions that require substantial time and effort on the part of the student*. If you recommend any tasks, make sure they are manageable and compatible with the student's position.
    - Pay attention to the times when you and your teacher get along better this week.
    - Observe what you do differently when things go a little better at school.
8. *Work with teachers, parents, and others to build solutions*. Students are the primary clients of school services, so they should always be given the opportunity to participate in counseling. However, they should not be the only ones involved. Every school problem occurs in a social system, and solutions can emerge from any number of people associated with the problem.

Students in Scenario 1 are often labeled *resistant, uncooperative,* or *unmotivated* when they do not implement the counselor's suggestions. These derogatory labels have no place in solution-focused counseling because it is our job to cooperate with clients regardless of their position.

Scenario 2: The Client Acknowledges the Problem but Looks to Others to Change It

Students, teachers, or parents may acknowledge the need to resolve a problem yet see the solution as someone else's responsibility ("I wouldn't get in trouble if my teacher would stop picking on me," "I can't get anywhere with this student, so I'm turning it over to the counselor"). Helping professionals commonly confront clients in these situations (Evans, Hearn, Uhlemann, & Ivey, 2011), which often takes the form of a lecture on the importance of taking responsibility for one's own problem instead of expecting others to resolve it. As logical an argument as this may seem to the counselor, challenging the client's position usually hinders the alliance and jeopardizes outcomes (Muran & Barber, 2010). Our task is to meet people where they are and allow the conversation to unfold from there. It has been my experience that students and caregivers become more willing to consider how they can contribute to solutions once their views have been heard and respected.

Strategies for Responding to Scenario 2. The following strategies are useful in responding to students, teachers, and parents in Scenario 2.

1. *Listen and validate without blaming*. People who are struggling with a school problem appreciate the opportunity to express their feelings and opinions without the threat of criticism from the counselor. The experience of being heard and validated ("No wonder you're so frustrated") versus blamed and criticized allows people to focus their attention on building solutions rather than defending their perceptions and feelings.
2. *Compliment people for seeking help and for acknowledging and coping with the problem*. Compliments enhance hope and convey our acceptance and appreciation of clients.
    - I appreciate your willingness to meet with me today.
    - It's impressive that you have the courage to face up to this problem and do something about it.
    - This would have knocked some people down, but you keep hanging in there and trying to make things better. How do you do that?
3. *Invite clients to focus on their role in solutions*. This strategy can be illustrated through a couple of quick parent and teacher examples. In working with parents who view their child's school

behavior as the sole responsibility of the teacher, we can acknowledge their wisdom and experience while inviting them to become more actively involved: "Given that you know your daughter better than anyone else does, what suggestions do you have for us to help her at school?" This question accommodates the parents' position while recruiting them as consultants. We can also use the client's position as a springboard for new perspectives and actions. Consider the example of a third-grade teacher who views Ethan's disruptive classroom behavior as a symptom of an internal emotional disorder requiring individual counseling. To explore a more hopeful and changeable view of Ethan and the problem, we can respectfully explore the teacher's potential role in solutions.

- This sounds like a problem that's going to require efforts on several fronts. In addition to your plan of meeting with Ethan's parents to explore outside counseling for him, what else can be done at school to give him the support he needs?
- It's got to be tough dealing with this day in and day out. Of everything you've tried or considered trying, what do you think has the best chance of improving things in the classroom?

These strategies invite caregivers to shift their focus from things over which they have little influence, such as a student's emotional disorder or home life, to more controllable aspects of the situation.

4. *Assign low-effort tasks.* If tasks are given, clients should be able to perform them without having to make any major changes in their daily routine. The following tasks are adapted from Trepper et al. (2012) and can be presented as a way of learning more about the situation before taking any action to change it:

- *Reflection task:* "Because you know a lot more about the situation than I do, I'd like to learn what you think would help to make things better. Think about this and we can talk about it the next time we meet."
- *Observation task:* "To help us learn more about this, I'd appreciate you observing the things that you and your teachers are already doing to make things better at school."
- *Prediction task:* "I wonder if you'd be willing to try an experiment by making a prediction each morning about whether you think it will be a good day or a bad day at school. We can make a good day/bad day chart for you to write your predictions on each morning so you can keep track of how many days you were right. You can count up your hits and misses at the end of each week. How does this sound to you?"

The connection between these tasks and a solution may seem remote, but such tasks can be effective in engaging clients and prompting news ways of thinking about and responding to the problem.

Summary of Accommodating the Client's Position

Accommodating the client's position is essential to building collaborative relationships with students and others. *Position* includes clients' ideas about the problem, their role in changing it, and their preferences about what they want from counseling. There is no such thing as a good or bad position, because it is assumed that clients are doing what makes sense to them—and doing the best they can—under the circumstances.

Obtaining Client Feedback on Outcome and Alliance

Shouldn't I be telling you what I think?

—Molly, a 10-year-old student and counseling client

Molly's question reinforces the fact that clients are in the best position to assess the effectiveness of counseling services because, they are the ones for whom the services are designed. Research indicates that (a) clients and counselors have very different perceptions of the counseling process (Lambert, 2008; Norcross, 2010; Tryon, Collins, & Felleman, 2006), (b) clients are consistently more accurate than counselors in evaluating and predicting treatment outcomes (Kazdin, Marciano, & Whitley, 2005; Lambert, 2008), (c) practitioners grossly overestimate their effectiveness and fail to see poor outcomes in the making (Hannan et al., 2005), (d) clients' early experience of change (outcome) and the client–counselor relationship (alliance) are predictive of eventual outcomes (Duncan, 2014; Lambert & Shimokawa, 2011; Lutz, Stulz, & Köck, 2009; Zuroff & Blatt, 2006), and (e) collecting systematic client feedback on outcome and alliance dramatically improves counseling outcomes (Duncan, 2014; Lambert & Shimokawa, 2011). These findings make a powerful case for obtaining ongoing client feedback on outcome and alliance and adjusting services in response to such feedback. The remainder of this section describes formal and informal client feedback strategies.

Informal Scaling Questions

Informal scaling questions are commonly used in solution-focused counseling to assess the client's perception of progress. For example, counselors can ask students the following question at the start of every meeting: "On a scale of 0 to 10, with 0 being the worst it can be and 10 being the best, how would you rate school last week?" It is important to remind people that there are no right or wrong answers and to clarify what their ratings mean to them ("Your rating is 2 points higher than last week. What has changed to make things better?").

Informal scaling questions also can be used to assess perceptions of the alliance: "On a scale of 1 to 10, with 1 being really low and 10 being really high, how would you rate our connection so far?" or "On a scale from 0 to 100, how helpful was today's meeting for you?" Regardless of the where the ratings fall, counselors can follow up to determine what can be done to improve the alliance ("What can I do differently to be more helpful?").

Formal Rating Scales

Collecting formal client feedback has been shown to dramatically improve therapeutic outcomes for a variety of clients, problems, practitioners, and settings (Duncan, 2014; Lambert & Shimokawa, 2011). Although formal client feedback has not been a standard part of solution-focused brief therapy, it can be easily integrated into solution-focused practice as described here and elsewhere (Gillaspy & Murphy, 2012; Murphy, 2013).

Among the available client feedback systems for young people, the Partners for Change Outcome Management System (PCOMS; Duncan, 2012) is ideally suited for use in schools. PCOMS consists of two feedback measures: the Outcome Rating Scale (ORS; S. D. Miller & Duncan, 2000) and the Session Rating Scale (SRS; S. D. Miller, Duncan, & Johnson, 2002). Each scale contains only four items and takes less than a minute to complete. Both measures are displayed in Appendix D, along with their corresponding versions for younger children—the Child ORS (CORS; Duncan, Miller, & Sparks, 2003a) and Child SRS (CSRS; Duncan, Miller, & Sparks, 2003b) for children 5 to 12 years old and the Young Child ORS (Duncan, Miller, Huggins, & Sparks, 2003a) and Young Child SRS (Duncan, Miller, Huggins, & Sparks, 2003b) for children younger than 5 years of age. Appendix D also contains group versions of the SRS for use in group work with adolescents ages 13 and older (Group SRS; Duncan & Miller, 2007) and children between 5 and 12 years old (Child Group SRS; Duncan, Miller, Sparks, & Murphy, 2011). The ORS and SRS are available in several languages and are free for individual use from www.heartandsoulofchange.com.

These measures assess research-identified elements of outcome (ORS) and alliance (SRS). Positive changes in the four areas assessed on the ORS—personal distress, interpersonal well-being, social relationships, and overall well-being—are considered to be valid indicators of successful therapeutic

outcomes (S. D. Miller, Duncan, Brown, Sparks, & Claud, 2003). The SRS assesses clients' perceptions of the counselor's respect and understanding, the relevance of goals and topics covered in the session, and student–practitioner fit—all of which impact the therapeutic alliance.

The systematic use of the ORS and SRS at every session consistently improved outcomes in several randomized clinical trials involving a variety of clients and settings (Duncan, 2014; Gillaspy & Murphy, 2012), and PCOMS has been deemed an evidence-based practice in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices. Although most PCOMS research has involved adults, Cooper et al. (2013) conducted a cohort study examining the impact of PCOMS in school-based counseling involving 288 students ages 7 to 11 with a wide range of social, emotional, and behavioral difficulties. Students who received counseling with PCOMS showed significantly greater gains than those who received counseling without PCOMS.

The ORS/CORS and SRS/CSRS have demonstrated adequate reliability and validity in several studies (Bringhurst, Watson, Miller, & Duncan, 2006; Campbell & Hemsley, 2009; Duncan, Sparks, Miller, Bohanske, & Claud, 2006; S. D. Miller et al., 2003). The efficiency of these ultrabrief feedback measures is well suited to the hectic pace and large caseloads of school practitioners, many of whom have difficulty finding the time to do counseling in the first place, much less evaluate it in a systematic way.

The ORS is administered at the beginning of every session and the SRS is administered at the end. Both measures use a visual analog format of four 10-cm lines with instructions to place a mark on each line, with low estimates at the left and high estimates at the right. The four 10-cm lines add to a total score of 40. The total score is the sum of the marks made by the client to the nearest millimeter on each of the four lines, measured by a centimeter ruler or template. Items can be read aloud to students who have difficulty reading independently. When parents and teachers are involved, they should complete the same outcome scale given to the student. For example, if the student completes the CORS, then the parent and teacher would also complete the CORS. Having multiple raters allows for comparison and exploration of similarities and differences among people's ratings ("Lee, I noticed that you rated the school scale higher than your teachers and parents did. How would you explain that?").

The ORS and SRS provide immediate, real-time feedback that allows counselors to detect and correct emerging problems and adjust services accordingly. For example, when a student rates Approach or Method lower than the other subscales on the SRS, the counselor can follow up by asking, "What can I do differently to make our next meeting better for you?" The ORS similarly prompts counselors to discuss options when ratings are unchanged or lower from session to session ("Your ratings haven't changed much the past couple weeks, so I'm wondering what needs to happen to make things better. How willing are you to try something different at school?").

The usefulness of the ORS and SRS depends largely on the discussion that follows the client's ratings. The numbers alone mean nothing without the explanation behind them—that is, without knowing what the ratings mean to the client. As evidenced throughout this discussion, the ORS and SRS are far more than perfunctory forms that are filed away for record-keeping purposes. They are an integral part of the counseling process that encourages clients to take an active role in their care. The growing number of empirical studies that support the use of formal client feedback in counseling notwithstanding, it just seems like common courtesy to invite those for whom a service is designed to have a significant voice in evaluating and shaping that service.

Appendix C provides additional information about using the ORS and SRS in schools. Table 4.1 summarizes the four major strategies for building collaborative relationships in solution-focused counseling.

Table 4.1 Strategies for Building Collaborative Relationships

Strategy	***Description***
Adopting the ambassador mindset	Approach clients with humility, respect, and curiosity; look, listen, ask, and learn before offering suggestions; respect diverse opinions and new ideas; listen for hints of strength, resilience, hope, and other resources; compliment clients; use change-focused questions
Using the language of change	Use solution talk that invites clients to focus on what they want vs. what they don't want; use the language of empowerment, qualification, and presupposition to boost clients' self-efficacy and hope

Accommodating the client's position	Listen and ask for clients' ideas about the problem and solution; explore prior solutions; determine what clients want from us and counseling; develop interventions in accordance with their position
Obtaining client feedback on outcome and alliance	Use scaling questions to assess clients' perceptions of outcome and alliance; use the practical, client-based rating scales of the Partners for Change Outcome Management System (Outcome Rating Scale and Session Rating Scale) to monitor outcome and alliance; adjust counseling services in response to client feedback

Summary and Conclusions

Despite decades of empirical studies that link therapeutic outcomes to the quality of the client–counselor alliance, specifics on *how* to build effective relationships have been largely neglected in professional training and literature. This chapter provided practical strategies for building collaborative relationships with students, teachers, parents, and others involved in the change process. Collaboration begins when we approach clients with the humility, curiosity, and respect of a foreign ambassador entering an unfamiliar culture for the first time. Strategies for putting the ambassador mindset into action include listening, validating, complimenting, using change-focused language, accommodating the client's position, and obtaining client feedback.

Effective outcomes rest largely on the extent to which clients are involved in the counseling process, and collaborative relationships invite students and others to be involved in every aspect of their care. The theme of client involvement is continued in Chapter 5, which offers a variety of techniques for partnering with students and others to construct solvable problems and practical goals.

Discussion and Practice

1. Describe the ambassador approach to counseling in your own words. How does this differ from more traditional, authoritarian approaches to counseling? What are the benefits of adopting the ambassador mindset in working with students, teachers, parents, and other clients?
2. Select a problem and have your partner interview you from the ambassador perspective for about 5 minutes. Next, have your partner interview you from an authoritarian or expert perspective for 5 minutes. Observe the differences in your reactions to these different approaches, then switch roles and interview your partner from these two perspectives.
3. Think about a recent conversation in which you shared a personal concern or problem with someone else. Which approach best describes this person's response to you: authoritarian or ambassador-like? How did it work for you? How might things have turned out if he or she had used the other approach? Think about a situation in which someone shared a concern with you, and consider similar questions about your response.
4. Discuss the importance of listening to and validating clients. Practice validating clients by pairing with a partner, each assuming the role of the client or the counselor. Have the client share a concern or problem, after which the counselor provides a validating statement. Switch roles, and repeat the exercise.
5. Think of a recent situation in which you connected particularly well with someone. What did you do that contributed to the positive relationship with this person? Be specific in describing your strategies and actions. How can you use your success in this situation to build effective relationships with future clients?
6. Choose a partner and practice the following relationship-building strategies, with one person serving as the client and the other person as the counselor. For each strategy, the client briefly describes a concern, and the counselor integrates the strategy into a short response to the client.
    - Complimenting the client
    - Asking change-focused questions
    - Asking permission
    - Offering suggestions in a curious and tentative (vs. absolute and certain) manner
    - Using the language of empowerment
    - Using the language of qualification
    - Using the language of presupposition
7. Pick a prior or current situation in which counseling did not work well. Discuss the counseling process through the eyes and experience of the client, using first-person language ("I felt like . . .") to describe why counseling did not work and what the counselor could have done to be more effective. What new ideas has this exercise given you? How can these ideas be applied toward building collaborative relationships with future clients?
8. Practice exploring key features of the client's position in role plays in which one person is the client and the other person is the counselor. As the client describes his or her concern, the counselor can explore the client's ideas and experiences related to the problem, solutions, and preferences regarding the counselor's role. Switch roles and repeat the exercise.
9. During your next few counseling sessions (or in role-played counseling sessions), practice using the ORS and SRS to obtain client feedback on outcome and alliance. When the session ends, make a few notes on what you can do, if anything, to improve your skills in using these measures and their corresponding child versions.
0. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 5

Coconstructing Solvable Problems and Practical Goals

Chapter Objectives

- To emphasize the importance of coconstructing solvable problems and practical goals in partnership with students and others
- To describe and illustrate five features of effective goals (5-S guideline)
- To provide real-world examples of coconstructing solvable problems and practical goals with a variety of clients

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The secret of change is to focus all of your energy, not on fighting the old, but on building the new.

—Socrates

Solution-focused counseling helps people move from where they are (the problem) to where they want to be (the solution) as quickly as possible. This chapter describes specific techniques for working with students and others to develop solvable problems and practical goals.

Discussing Problems in Solution-Focused Ways

Solution-focused counselors do not engage in lengthy explorations of problem history unless clients indicate a preference for this. However, gathering some basic information about the problem can be helpful in building solutions and validating people's struggle. This section provides practical strategies for discussing school problems in solution-focused ways, beginning with a description of the problem itself.

Define a Solvable Problem

A problem clearly stated is a problem half solved.

—Dorothea Brande

Renowned family therapist and trainer Jay Haley was meeting with a small group of clinicians for their first supervision session. Each person was asked to discuss his or her most challenging client, after which Haley and the others would offer ideas and suggestions. One clinician began by saying, "My client has a depression disorder," to which Haley replied, "That's your biggest problem right there!" The clinician nervously stated what everyone else in the room was probably thinking: "I don't know what you mean. I haven't told you anything yet." Haley launched into a spirited lecture on the importance of beginning the therapy process with a *solvable problem,* which he defined as a problem that can be clearly described and, most important, solved.

Haley's main point—that the manner in which we talk about a problem influences its solvability—is an important one for school practitioners. Problems that are described in concrete, behavioral terms are more changeable and solvable than vaguely stated problems. For example, it is easier to change the number of times a student starts conversations with peers, arrives to school on time, or completes classroom assignments than it is to change the student's social anxiety, irresponsibility, or attention-deficit/hyperactivity disorder (ADHD).

Changing the way people describe problems is not as easy as it sounds. Our everyday language is full of vague labels that mean different things to different people—*hyper, spacey, antsy, immature, disrespectful,* and so forth. Students, parents, and teachers often describe complaints in abstract ways as well as include interpretations in their descriptions. For example, a teacher might describe the problem as "ADHD and a lack of motivation." Without additional details, the problem remains unclear and unsolvable.

Consider Amie, a 14-year-old student who described her problem as being "spacey and disorganized." When I asked her what spacey and disorganized looked like, she described several changeable behaviors that she wanted to work on—spending less time on the phone, writing a daily to-do list, and putting her clothes away after school. Amie became more energized and motivated as the discussion shifted from unchangeable traits to changeable actions.

O'Hanlon and Bertolino (2002) recommended obtaining "videotalk" descriptions of a problem, which invites people to describe specific actions that constitute the problem as if they were watching a video of it (see Box 5.1). When people describe the problem in vague terms, we can ask the following questions to define a more concrete, solvable problem:

- If I videotaped this problem, what would I see and hear?
- If we were watching a movie of this problem, what would we see?
- I want to get a clear picture of this problem. Can you describe a recent example?
- What would I see if I were a fly on the classroom wall?

Box 5.1

Videotalk

The use of "videotalk" (O'Hanlon & Bertolino, 2002) is particularly helpful when a student, teacher, or parent initially describes a problem in vague or interpretive terms ("attention problem" or "disrespectful"). We can obtain videotalk descriptions of the problem by asking people to describe it as if they were narrating the play-by-play events and actions of a sporting event. Consider the following videotalk descriptions of a student's "attention problem":

- When I ask the class to line up for recess, he sits there until I remind him a second or third time.
- He doesn't turn in any math assignments.
- He complains when it's time to come into class after recess, and he asks me if he can stay out for a couple more minutes.

These divergent descriptions highlight the importance of obtaining clear definitions of the problem from the client's perspective. The more concretely a problem is described, the easier it is to measure and to change. In this example, it is much easier to increase the number of completed math assignments than to correct the student's attention problem. Inviting students, teachers, and parents to use videotalk is the first step in coconstructing a solvable problem.

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Clarify the Role of Environmental Factors

School problems do not exist in a vacuum or strictly within students, but are part of a larger environment consisting of various people, places, and actions. Clarifying the impact of environmental factors on the problem provides important clues for changing it. Here are a few examples.

When? Some problems occur more often at certain times, and the following questions are useful in determining such patterns:

- When does this problem usually happen?
- Is the problem more evident in the morning or afternoon?
- Does the student do this more in some classes than others?
- Have things been better, worse, or about the same during the past week/month?

Where? These questions clarify connections between the problem and specific settings:

- Where does this problem usually occur?
- Does it happen more in a certain place (classroom, playground, hallway)?
- Are things any better or worse in one place compared to other places at school?
- Does the problem usually happen during or in between classes?

With Whom? The intensity or frequency of school problems may vary in the presence of different people. The following questions can be used to explore this area:

- Who is usually around when the problem occurs?
- Which teachers report more/fewer problems?
- Does the problem occur more often with one particular teacher/parent?
- Does the problem change depending on who the student is with?

What Happens Right Before and After? Events that precede and follow the problem help in understanding and altering it. This information can be obtained through questions such as the following:

- What happens right before the problem?
- Is the problem more likely to occur during a certain activity (individual seat work, small-group activity)?
- What happens right after the problem? Then what?
- How does the teacher/parent usually respond to the problem?
- What does he or she say? What does he or she do?
- How do other students respond?

Exploring the relationship between environmental factors and school problems helps us design interventions that alter the school environment. For example, if William's behavior problems typically occur when he returns to class after recess time, the teacher could ask him to help with a couple of classroom chores right after recess. If Kayla behaves more aggressively when she is around two particular students, changing the classroom seating arrangement and applying other methods that separate her from these students may help to improve the situation. Sometimes all it takes is one small change in the environment.

Although it is important to discover relationships between problem behavior and environmental factors, solution-focused counselors are even more interested in environmental factors associated with exceptions to the problems, which refer to the better times at school in which the problem is absent or less intense. Methods for discovering and building on exceptions are covered in Chapter 6.

Explore Previous Solution Attempts

Asking about solution attempts reveals what has (and hasn't) helped in previous efforts to address the problem. The following questions invite people to reflect on prior solutions and to consider other possibilities:

- What have you tried so far? How did it work?
- Of all the things that have been done so far, what has worked the best? Next best? Worst?
- What have other people suggested doing? Of all these ideas, which one do you think has the best chance of working?
- What have you thought about trying but haven't tried? What will it take for you to try this?
- How have you handled similar challenges? How might that help you with this problem?
- You've told me about some things that haven't worked or that made things even worse for you at school. I wonder what you could do that would be really different from anything you've tried so far. What do you think?

We can ask questions such as the following of students with previous counseling experiences:

- What did you find to be most helpful/least helpful about counseling the last time?
- What did the counselor do that worked well/not so well with you?
- Of all the things about your previous counselors and counseling experiences, what helped you the most? How did that help you? How did you turn that into something that was helpful to you?
- Based on your experience with counseling and counselors, what advice do you have for counselors who work with young people?

Learning about previous solution attempts provides useful direction for building on what has worked and avoiding what hasn't worked.

Clarify the Influence of the Problem

Problems affect different people in different ways, so it is helpful to clarify the specific impact of school problems in the lives of students, teachers, parents, and others. For example, a student's problem behavior may be of much greater concern to one teacher than another. Receiving a failing grade may be seen by one student as a minor inconvenience and by another as a serious problem. The manner in which the problem influences the student and others has major implications for how we approach these people in counseling.

One common mistake that is made in working with students is to assume that we know how the

problem influences them. As with most issues in counseling, we are always better off asking the client rather than assuming. The following questions help to clarify the influence of the problem on students:

- How is this school situation a problem for you?
- How does it affect your view of yourself? Of school? Of the future?
- How does this problem affect your life at school? At home?
- How does it affect your relationship with your friends? Your teachers? Your parents?
- What kind of hold does this problem have on you? How much power does it have over you?
- How would your life be different without this problem?
- If I asked your teachers or parents how this problem affects you, what would they say?

Problem-influence questions can also be used with teachers, parents, and anyone else involved with the problem. In addition to clarifying who is most and least concerned about the problem, people often become more motivated when they consider how the problem influences their lives and the lives of others. The motivating effect of problem-influence conversations is illustrated next with a 13-year-old student named Camilla.

Camilla was court-referred for counseling because of truancy, failing grades, and school behavior problems. She lived with her mother and older brother, who had recently moved back home after a short time in jail. Her mother was concerned that Camilla was making the same mistakes her brother had made when he was younger. Camilla seemed distant and uninvolved during the early part of our first meeting, but she became much more engaged and emotional as we explored the problem's influence in her life. She sobbed as she described the problem's impact on her self-image and the pain it caused her mother and grandmother. By the end of the meeting, Camilla expressed a genuine commitment to change—a commitment that she backed up with several behavioral improvements over the next few weeks. Her attendance and behavior problems did not stop altogether, but she improved enough to raise her grades and avoid future involvement with the courts.

Summary of Discussing Problems in Solution-Focused Ways

Table 5.1 summarizes the various ways in which we can discuss school problems in solution-focused ways—defining a solvable problem, clarifying the role of environmental factors, exploring previous solution attempts, and clarifying the influence of the problem on students and others. These techniques serve to validate and clarify people's previous experience with the problem—where they've been and where they are now. But that's just one part of the story. In solution-focused counseling, it is even more important to find out where people want to be in the future and what they are willing to do differently to get there. The remainder of the chapter provides strategies for developing practical goals that help students and others take specific steps toward a better future.

Table 5.1 Discussing Problems in Solution-Focused Ways

Task	***Description***	***Useful Questions***
Define a solvable problem	Obtain a specific, behavioral description of the problem	If I recorded the problem on a video camera, what would I see and hear? What is the student doing that is "irresponsible"?
Clarify the role of environmental factors	Gather information about environmental circumstances associated with the problem	When and where does it usually occur? Who is around? What happens right before/after the problem?
Explore previous solution attempts	Explore the relative effectiveness of prior counseling experiences and other attempts to resolve the problem	What have you tried so far? How did it work? Of all the things you've tried, what has worked best?
Clarify the	Explore the specific impact of the problem on	How much power does this

influence of the problem	the lives of students and others	problem have in your life? How does the problem affect your view of yourself?

Coconstructing Practical Goals

A journey of a thousand miles begins with a single step.

—Confucius

Let's begin this section with a story from the archives of true and embarrassing moments. While traveling to a professional conference with a few colleagues during my second year of work, I asked them for advice on a student I was seeing for counseling who was making very little progress after three counseling sessions. As I began to describe the situation, my colleague Christina asked a question that stopped me in my tracks: "What is the stated counseling goal?" As soon as she asked the question, I knew I couldn't answer it because we had no such goal. I just assumed the student wanted to improve her school performance and that was the end of it. No wonder we were going in circles!

Goals are the driving force behind effective action. In addition to providing a sense of hope and direction, practical goals help people persist in the face of setbacks and obstacles (Halvorson, 2010). Goals also help to keep counseling on track and to evaluate its effectiveness. As indicated by Christina's question and in Box 5.2, goals can make or break the success of school-based counseling.

Box 5.2

Goals as Maps

A clear goal is to solution building what a clear map is to navigation. A good map itself does not guarantee success, but a poorly designed map, or no map at all, almost always guarantees failure. Like a good map, a practical counseling goal helps counselors and clients stay on track and move in a meaningful direction.

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Taking the time to formulate goals is often overlooked in the rush for quick solutions. This is unfortunate because, in my experience, counseling failures often can be traced to goal-related issues resulting from one or more of the following: (a) failing to explicitly develop and revisit goals during the counseling process, (b) invalidating or minimizing the student's goal in deference to the goals of the counselor or other adults (e.g., "I know you want to work on making more friends, but it's more important to bring your grades up"), or (c) placing one's own theories above those of the student (e.g., despite the student's theory that the school problem is caused by peer difficulties, the counselor continues to probe for deeper, internal causes).

Like other aspects of solution-focused counseling, goal formulation is a cooperative process in which the counselor actively invites the client's input and participation. Coconstructing practical goals in collaboration with students, teachers, and parents is well worth the time and effort given that (a) the extent to which clients own a goal strongly influences the energy they put forth toward reaching it (W. R. Miller & Rollnick, 2013); and (b) the more strongly that clients and counselors agree on the goals of counseling, the better the outcomes (Tryon & Winograd, 2011).

Most counselors will agree, based on research findings and their own clinical experience, that it is important to establish practical goals at the outset of counseling. But that raises a question: *What are practical goals and how can we work with students and others to construct such goals?* The remainder of the chapter addresses this question.

The 5-S Guideline of Goal Development

The 5-S guideline is a useful framework for describing five key features of effective goals: They are significant, specific, small, start based, and self-manageable. Although the discussion and examples in this section focus on students, the 5-S guideline is also helpful in working with teachers and parents. The five features of effective goals are described next, along with questions and techniques for incorporating these elements into goal-related conversations.

Significant

The most important consideration in developing counseling goals is to ensure that they are goals that matter to the client (Murphy, 2013). We are naturally inclined to spend more effort pursuing values and goals that are important to us and less inclined to pursue goals that are unimportant to us—regardless of what others say or how important the goals are to them. Take a few seconds to check this out for yourself in Box 5.3.

The surest way to develop goals that matter is to find out what is important to people and what they are willing to work on. We can do this by asking the following questions:

- What would you like to work on?
- What do you want to accomplish in counseling?
- What do you want from coming here? How would that make a difference to you?
- What are your best hopes for counseling?
- What do you think is the most important thing to change in this situation?

Many students enter counseling at the request of others and may not be interested in developing school-related goals or working toward goals defined by others. Instead of trying to convince them

otherwise, it is more productive to acknowledge their position and find something they *are* willing to work on: “I know that counseling wasn’t your idea and that you don’t want to be here. What needs to happen for you to get out of coming here?” The practice of meeting students where they are to develop meaningful goals is illustrated with Mario.

Box 5.3

How Important Is It to You?

1. Think of a significant goal in your life for which you are highly motivated to achieve success.
2. Now think of a less important goal in your life.
3. How does your motivation differ for these two goals? What are some other key differences in your approach to these goals?

Solution-focused counseling enhances students' ownership and involvement by inviting them to develop personally meaningful goals.

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Mario and the Meaningful Goal. Mario, a 10th-grade student, was very angry with his teachers and the school principal. He perceived them as unfair and "out to get him" at school. Mario said that the principal and most of his teachers thought he was "a lazy waste." When asked what he wanted to change regarding school, Mario asserted that he would not change in school because he did not care what they thought of him. He added that he was not about to give in to their demands and "control games." For Mario, improving his school behavior represented selling out and giving in to people whom he did not respect.

Instead of challenging Mario's characterization of his teachers and principal, the counselor accepted his position and posed the following question: "What kinds of things might prove them wrong about you?" This question acknowledged Mario's anger and provided an opportunity for him to change in school to prove them wrong. Mario's motivation to prove them wrong was used to formulate specific goals regarding his school behavior. These goals were stated in his language and in ways that were personally meaningful to him.

When several people are involved in counseling, it is important to encourage goals that are complementary, even though each goal may be worded differently. In Mario's case, the behaviors required to meet his goals were the same behaviors required to meet the goals of the teachers and the principal. Similarly, parents may define "responsible behavior" in much the same way that a teenager defines "what it will take to gain more car privileges and freedom at home." These examples highlight the importance of accepting and working within the position and language of clients while developing goals. Had Mario been asked to work on the goal of being a better student or not getting into as much trouble, he would not have been as motivated to make the changes that he eventually made in his school behavior.

In addition to meeting students where they are by working on what they want to work on, we can explore connections between their personal values and school performance. This process begins by inviting students to step outside of school and reflect on what is most important in their lives:

- Let's forget about school for a minute. If you could be exactly the kind of person you most want to be, what kind of person would that be?
- What do you want your life to stand for?
- Pretend that you are 50 years old and that you have lived every part of your life exactly the way you wanted to and been exactly the person you wanted to be. Now imagine that you are reading a story about yourself and your life at age 50. What are the most important parts of that story?

Once students identify what matters most to them, or their "big values," we can incorporate their exact words into additional questions that explore the link between their values (in italics in the following examples) and school behavior:

- What are you already doing at school to help yourself become the *loving and caring person* you most want to be? What will it take to do more of that?
- If you were doing just what you needed to do in school to become a more *loving and caring person*, what would you be doing?
- What are you doing or not doing at school that is blocking you from moving closer to your goal of

becoming *a decent husband and father* when you get older?

- If it were possible for you to have a *better life,* would you be willing to approach school differently to make that happen?
- If I told you about something you could do at school that might help you become a more *helpful and loving* person, would you be willing to try it?

The discussion of values promotes a student-driven agenda for school-based counseling. These conversations invite students to articulate what is important to them, examine their actions in light of this, and participate in developing attainable goals that move them toward a self-motivated and value-driven life. For example, a high school student who wants to have a loving marriage and successful career can be encouraged to increase school behaviors that support these values, such as studying and paying attention, and to reduce actions that work against them, such as teasing others and skipping class. Likewise, a fourth grader who wants to be a kind person can be encouraged to define and increase kind behaviors at school, such as allowing others to be first in line or volunteering to help a peer with math.

Donald and the Dream. My encounter with an 11-year-old named Donald provides an example of how a student's values and beliefs can supply the motivational fuel for school solutions. Donald was referred by his teachers for oppositional behavior and bullying. Halfway into our first meeting, Donald shared his belief that people should try to get the best job possible as adults so that they can provide for their families. As we discussed it further, it became apparent that gainful employment as an adult was very high on Donald's list of values. When asked what kind of job he envisioned for himself, Donald said, "I have this dream of becoming a policeman."

From that point on, our conversations remained anchored in Donald's job-related values and, more specifically, in discussions of alignments and discrepancies between his school actions and his desire to become a police officer. The first thing I asked Donald in subsequent meetings was, "Looking back over the past week, has your school behavior moved you closer to or further away from your dream of becoming a policeman?" Alignments between Donald's actions and goal were commended and clarified ("Wow, that's an impressive change. How did you manage to do that? What will it take to continue?"), and discrepancies were explored in a nonjudgmental, nonconfrontational manner intended to provide the freedom for Donald to determine his own decisions and actions ("I'll be curious to see what you'll decide to do about this and how next week will go for you at school"). Although Donald's behavior did not instantly or dramatically improve, his teachers reported positive changes and Donald successfully passed to the sixth grade.

Research can tell us what works in counseling, but it cannot tell us *what* to work on. Clients are the only ones who can tell us that, and we need to make sure that school-related counseling goals reflect *their* values and motivations. In doing so, we are meeting the first and most important feature of any goal—personal meaning and significance to the individual for whom it is designed.

Specific

Many people initially describe their goals in vague phrases, such as being less depressed, controlling ADHD, changing their attitude, or becoming more responsible. These abstract goals are much harder to observe and measure than specific goals such as arriving to school on time or turning in three out of four weekly homework assignments. Videotalk is not only useful in describing problems, as discussed earlier, but it also helpful in developing concrete, measurable goals. For example, students who want to improve their attitude can be asked, "If we watched a videotape of you with a better attitude, what would we see you doing differently at school?" Videotalk questions yield specific action descriptions of what students or others will be *doing* differently and more effectively when the problem is resolved and things are better at school. Here are a few more examples:

- What will you do differently when your self-esteem is higher?
- If we videotaped you being less depressed, what would we see you doing?
- You said you wanted to make school better. How will you or someone else know when school is better? What will you be doing more of (or less of) when school is better?
- If I were watching you on the playground 2 months from now, after things got better, what would you be doing differently?

The more specific the goal, the easier it is to notice small changes. Specific goals enhance the likelihood that students, teachers, and parents will notice and acknowledge small improvements

when they occur. In the following dialogue, the counselor requests a videotalk description of "being a better student" to help a 12-year-old student named Andrew construct a more specific and measurable goal:

Counselor: How will you know when you have become a better student?

Andrew: I don't know. I'll just know.

Counselor: Let's pretend we videotape you tomorrow being a better student, okay?

Andrew: Okay.

Counselor: Now let's pretend we're watching this tape right now. Tell me what we would see if we watched you being a better student. What would you be doing?

Andrew: I'd be answering questions in class and getting better grades.

Counselor: Okay. What else would we see?

Andrew: I'd do my homework on time, and I'd remember to turn it in.

In addition to being easier to notice and measure than vague goals, specific goals are more effective in motivating clients, enhancing hope, and providing a clear direction for counseling. When students are encouraged to clearly visualize and describe a concrete goal, they usually become more energized and hopeful about reaching it. A popular expression says, "If you don't know where you're going, then you probably won't get there." We can paraphrase this in positive terms on the basis of this discussion: "If you know exactly where you're going and what it will look like when you arrive, then there is a good chance that you will get there."

Small

If you've ever tried to run a marathon, play a musical instrument, remodel a home, or do anything else that required a lot of effort and persistence, then you will appreciate the wisdom of breaking down large goals into small, bite-size chunks. The challenge of changing serious school problems can be overwhelming for everyone involved, and we can help by inviting people to approach change one small step at a time. In the context of formulating goals, the word *small* actually means practical, reasonable, and attainable. When asked about goals, students sometimes express unrealistic hopes and expectations. Some students fix their gaze on the mountaintop instead of focusing on the first few steps, whereas others indicate a desire to completely eliminate the problem within a few days. These wishes should be heard and acknowledged, after which we can invite smaller, bite-size goals through the following types of questions:

- What will be the first small sign that things are moving in the right direction?
- Your score on the School scale [of the Child Outcome Rating Scale] is 5.4. What will a 5.5 look like?
- If a score of 10 is where you want things to be when we finish counseling and 1 is where things are right now, what does a 2 look like? What will you be doing differently when you get to 2? How will your teacher be able to tell you are at 2 instead of 1?
- They say that every big journey involves a lot of little steps. What small step are you willing to take next week to move a little closer to your goal of passing to eighth grade?

Breaking larger goals into smaller chunks is illustrated next with a ninth grader named Teagin. In the following example, the counselor acknowledges Teagin's long-term goal of raising her math grade from F to A while encouraging her to focus her attention and energy on the first few steps toward that goal:

Counselor: You said you wanted to raise your math grade from where it is now, which is an F, to an A by the end of the semester.

Teagin: Right. I just have to work hard and not mess around as much.

Counselor: Okay. The semester is over in about 6 weeks, right?

Teagin: Right.

Counselor: When do you want to start working on this?

Teagin: Right away. I don't have a whole lot of time to raise my grade.

Counselor: Okay. It's good that you realize this, because some people set big goals and wait until

it's too late to work on them.

Teagin: I know. I've done that before.

Counselor: Me too. What's different about this time for you?

Teagin: I don't know. I guess it's that I'm older and I know I have to do it. Nobody's going to do it for me.

Counselor: That makes sense. What are one or two *small things* you could do *during the next 2 or 3 days* to help you get *a little closer* to your goal of getting an A by the end of the semester? [The italicized words and phrases in this question invite Teagin to direct her attention and efforts toward small but important initial steps toward the larger, long-term goal.]

Teagin: I could turn in homework because we get grades just for turning it in.

Counselor: I see. So turning in more homework will bring your grade up some. What do you need to do differently to turn in more homework?

The following example illustrates the benefits of bite-size counseling goals and the notion that big problems do not always require big solutions.

Keeping It Simple With Keller. Keller, a 10-year-old student, was referred by his mother Jen for peer problems and classroom misbehavior. Early in the first meeting, the counselor encouraged Jen to think small by asking, "What will be the first small sign that things are getting better for Keller at school?" She replied that he would start attending more carefully to his hygiene.

Keller agreed to an experiment in which he would comb his hair and keep his shirt tucked in at school for one whole week and observe any changes in the way he was treated by his peers and teachers. He reported that his teachers treated him about the same but that his classmates were "a little nicer" than usual. Keller continued the experiment the next week and observed that his teachers began treating him better. Disciplinary infractions decreased by about 50% during the following month. This example illustrates how one small goal—and the changes that result from it—can lead to significant improvements in a school problem.

Small goals boost people's hope and self-efficacy by allowing them to experience multiple successes throughout our work with them. Confucius noted that "a journey of a thousand miles begins with a single step." Counselors can put this age-old wisdom into action by working with students and caregivers to coconstruct small, accessible goals.

Start Based

When asked what they want from counseling, most people will tell you what they don't want. A student might say, "I want to get in less trouble at school," and a teacher or parent may want the student to "stop being so bossy." It is understandable that someone who has dealt with a problem every day for several weeks or months would express a desire to reduce or eliminate it. However, solution-focused counselors invite people to express goals in positive terms as the start or presence of something desirable rather than the end or absence of something undesirable (Trepper et al., 2012). Positively stated goals ("to greet the teacher") are more measurable than negatively stated goals ("to be less aggressive") because it is easier to notice when something different is present than it is to notice when something is absent. Consider how difficult it is to observe the absence of depression, anxiety, irresponsibility, laziness, immaturity, ADHD, or oppositional defiant disorder. What does nondepression or non-ADHD look like, and how will you know when it happens?

From a functional standpoint, the best way to change problem behavior is to replace it with productive behavior (Storey & Post, 2012). In addition to being more noticeable and measurable than negatively worded goals, start-based goals are more motivating because they focus people's attention on moving toward what they want (solutions) rather than away from what they don't want (problems). When students state goals in negative terms, we can ask "instead of" or "rather than" questions, such as "What will you be doing in class instead of messing around?" or "What would you rather be doing in class?" These questions promote start-based goals such as, "I would take notes" or "I would pay attention and do my work." Inviting students and others to describe what they want versus don't want promotes start-based goals that boost people's hope and motivation.

Self-Manageable

Students who experience school problems may initially focus on how other people should change

instead of considering what they could do differently ("My teachers need to chill out," "My friends are always talking in class, so I just join in"). This perspective, accurate as it may be, usually impedes solutions by holding others responsible for changing while casting oneself in a passive and powerless role. When this occurs, we can acknowledge students' perceptions while inviting them to consider what *they* can do to improve things at school. Teyber and McClure (2011) referred to this as shifting from an external focus to an internal focus. In the following exchange with a high school student named Sharon, the practitioner affirms Sharon's perceptions of her teachers and invites her to consider a self-manageable goal that focuses on what she can do to improve things at school:

Sharon: My teachers nag me constantly. I can't do anything right, according to them.

Counselor: That must be hard for you [affirming Sharon's perception]. What do you do when they nag you [shifting the focus from the teachers to Sharon]?

Sharon: I try to ignore them.

Counselor: How do you do that? What does that look like [obtaining a videotalk description]?

Sharon: Well, I just look the other way and pretend they're not even talking to me.

Counselor: And then what do they do?

Sharon: That's when they really get on me, because they say I am being disrespectful or that I don't seem to care about anything.

Counselor: Is that an accurate description of you [shifting the focus back to Sharon]?

Sharon: No. I don't want to fail.

Counselor: Wow. That's important that you don't want to fail. That's a very important goal. Would you be willing to try an experiment in one of your classes to see how much power or influence you have in your relationships with your teachers [keeping the focus on Sharon and introducing the playful element of an experiment]?

Sharon: [*laughs*] Maybe.

Counselor: [*laughs*] I guess you want to hear it first before deciding, right? I'm wondering what would happen if you did something very different the next time one of your teachers says something to you and closely observed their response to see if anything different happens. How does that sound?

Sharon: Okay, I guess.

Counselor: Well, it could be interesting. Who knows what will happen? But the only way to find out is to try it. It might help you get closer to your goal of passing. What do you think?

Sharon: I can try it.

Counselor: That's brave of you, Sharon. I can tell that it's important to you to pass your classes, and I'm impressed that you're willing to try something different to make that happen [complimenting and reinforcing Sharon's willingness to accept responsibility and take action].

During the remainder of the interview, the counselor and Sharon discuss specific experiments to assess the impact of her actions on her goal of passing. In addition to promoting self-manageable goals, conversations such as these increase students' ownership of goals and personal responsibility for reaching them.

Here are some additional questions that promote self-manageable goals:

- How willing are you to try something really different to change things?
- What are you willing to do to change this situation?
- You said you wanted your parents and teachers to stop bugging you all the time about school. What have you found helpful in getting them to bug you less about school?

Summary of Practical Goals

The 5-S guideline is a useful framework for working with students and others to develop practical goals that are significant, specific, small, start based, and self-manageable. There are many ways to encourage effective goals while respecting people's experiences and perceptions of the problem. Table 5.2 summarizes the five main features of practical goals.

Table 5.2 Characteristics of Effective Goals

Characteristic	***Description***	***Useful Questions***
Significant	Relevant and important to the client	What do you want to work on? What can you do at school to move closer to being a decent and caring person?
Specific	Clear, concrete, observable; described in videotalk	If I videotaped you being less depressed, what would I see? What will you be doing differently when you have higher self-esteem?
Small	Realistic and attainable	What will be the first small sign that things are getting better? You said that school was a 3 on a 10-point scale. What will a 3.5 or 4 look like?
Start based	The presence or start of something desirable	What will you be doing instead of being depressed? What should the student be doing in your class instead of goofing off?
Self-manageable	Within the client's control	How can you get your teachers to be nicer to you? How willing are you to try something different to make things better?

The next sections present two specific strategies for coconstructing practical goals in partnership with students and others: scaling and the miracle question.

Scaling

Scaling was discussed in Chapter 4 as a strategy for obtaining client feedback on the usefulness and outcomes of counseling. Scaling can also be used in initial interviews to help students and others develop practical goals, as illustrated in the following examples:

- "On a scale from 0 to 10, with 10 being the very best that things could be and 0 being the very worst, where would you rate things in your science class right now? What would the next highest number look like?"
- "If a score of 10 is where you want things to be when we finish counseling and 1 is where things are right now, what will be different when it moves up to 2? How will your teachers and parents be able to tell that you moved up?"
- "If I videotaped you after you moved up 1 point from where you are now, what would I see?"
- Show the child five wooden blocks and say, "I want to know how things are going in school right now." While arranging the five blocks in a row or tower on the table, say, "This [*pointing to the stack or row of five blocks*] means things are really great, just the way you want them to be at school, and this [*pointing to one block*] means things are really bad at school. Use these blocks to show me how things are going for you at school right now. [*After the child responds*] Okay, what can you do at school to give yourself another block?" Any available objects can be used for this purpose, including pencils, beads, buttons, paper clips, and plastic chips.
- Draw a vertical line on a piece of paper and say, "If this bottom part shows where you would be if you got into trouble all the time at school and this top part shows where you would be if things were perfect at school and you never got in trouble, show me where you are right now." After the child points to (or marks) a spot on the line, point to (or mark) a spot just above where the child pointed and say, "Tell me what would help you move a little higher on the line, to about here." A horizontal line can be used in the same manner.

Scaling questions can be tailored to people's age, cognitive functioning, language abilities, and interests. In work with younger students, the scale can be represented by a row of blocks or buttons, a piece of string, a series of smiley and frowny faces, a row of tiles on the floor or wall, or a single line on a piece of paper. Students can point to or otherwise indicate their current spot on the scale as well as describe what the next higher spot would look like. If the client is a football enthusiast, the scale can be presented as a football field broken into 10 segments ranging from farthest away to nearest the goal. Other examples include

- a stepladder, ranging from the lowest to the highest steps
- pictures of items relating to the student's special interests or hobbies arranged in a row (musical instruments, cars, animals, etc.)
- a baseball field, with first base as the starting point on the scale and home plate as the final goal
- a picture of a blank thermometer that can be marked from the lowest to the highest point

The Outcome Rating Scale (S. D. Miller & Duncan, 2000) is another method of scaling that is helpful in coconstructing counseling goals. As discussed in Chapter 4, the Outcome Rating Scale is used to identify concerns and monitor progress. Once people identify their most pressing concerns, we can inquire about small steps toward solutions:

- Your score on the Social scale is 4.6. What will a 4.8 or 5 look like?
- Your 2.5 mark on the School scale tells me that you're very concerned about your son's school behavior. What needs to happen for this mark to go up to about here [*pointing to a spot slightly above the parent's mark on the School scale*]?
- You rated the Family scale at a 5.5. What could you do to bring this up to about a 6? What will it take to make that happen?

The following examples illustrate how various scaling strategies can be incorporated into goal-related conversations with students of all ages. The first excerpt involves an 11-year-old student named Darshon.

> *Counselor:* On a scale of 1 to 10, where 10 is the best things can be and 1 is where things are right now, what will you be doing differently when things get to a 2 or 3?

Darshon: I'll be getting more of my math homework done. I won't be arguing with my teacher all the time. I'll feel better about school and like it more.

Counselor: If I videotaped you feeling better about school and liking it more, what kinds of things would I see on the tape?

Darshon: I'd be smiling more and having a good time. I'd be joking around with my teachers.

Counselor: Tell me about a time or a class where you have a little better time or joke around more with the teacher.

In the next example, the counselor uses blocks to invite David, a 6-year-old student, to describe what needs to happen for him to move a little higher on the scale of blocks.

Counselor: [*arranges eight wooden blocks in a row on the table*] I want to know how things are going in school right now. We can use these blocks to talk about this, okay?

David: Okay.

Counselor: This [*pointing to the eighth block, at the end of the row*] means things are really great and just the way you want them to be at school, and this [*pointing to the first block*] means things are really bad at school. Now you point to a block to show me how things are going for you at school right now.

David: [*points to the first block in the row*]

Counselor: Does that mean things are going pretty bad for you here at school?

David: [*nods yes*]

Counselor: Okay. Thank you for telling me that. That helps me understand. David, I really want to know what school will look like when things get to be about here [*pointing to the second and third blocks*]. What's going to be different at school?

David: My teacher will like me, and I won't be so bad.

Counselor: Do you want that to happen?

David: [*nods yes*]

Counselor: Why is it important to you for the teacher to like you and for you to be better in school?

David: It's good that way. My teacher will like me, and I won't be so bad.

Counselor: Okay. So how would your teacher know that you went from here [*pointing to the first block in the row*] to here [*pointing to the second block*]?

David: I would be nice to her.

Counselor: How would you do that?

David: I would do what she tells me.

Counselor: Okay. What else would you be doing when you're here [*pointing to the second block*]?

David: I'd be writing my letters or coloring when she tells us to.

Scaling strategies encourage people to describe reasonable goals from their frame of reference. Regardless of the type of scale used or where the student's initial rating falls on the scale, asking what the next higher number would look like paves the way for discussing small, specific steps toward desired outcomes. Many students respond more favorably to scaling questions compared to direct questions about their goals. For people who prefer numbers and visual forms of communication, scaling offers a respectful means of developing goals.

The Miracle Question

The miracle question was developed by de Shazer (1988) to obtain clients' description of life without the problem: "Suppose you were to go home tonight, and while you were asleep, a miracle happened and this problem was solved. How will you know the miracle happened? What will be different?" (p. 5). The miracle question invites clients to focus on future possibilities versus past problems by asking them to visualize life without the problem. Variations of the question include the following:

- Suppose that there is a miracle tonight and this school problem is solved. How would you be able to tell? What would be different at school? What would your teacher notice that's different?
- If this school problem disappeared overnight, how would you know it was gone and what would be different? How would that be for you?
- If this problem completely vanished right here and now, what would you do differently when you returned to class?
- If someone waved a magic wand and made this problem disappear, how would you be able to tell things were different?
- What would be different about you/this student/your son after the miracle?
- Let's pretend that you had a dream tonight, while you were sleeping, and this problem was solved during your dream. How was the problem solved? Who helped solve it? Describe how your life would be different at school after the dream.
- Imagine that there are two movies about your life. Movie 1 is about your life with this problem, and Movie 2 is about your life without the problem. I already know a lot about Movie 1. Tell me what Movie 2 would look like. Who would be in it? What would they be doing? What would you be doing differently in Movie 2?

As shown here, there are many ways to tailor miracle questions to the student's age, abilities, and interests. In addition to asking about a miracle per se, counselors can use other metaphors for the same purpose. Students can be asked to describe what school is like for them after a magic genie has granted them full freedom from the problem. A crystal ball, problem-vanishing dust, and other such metaphors can be used to engage young children in describing their vision of life without the problem.

We can encourage detailed descriptions of the miracle by asking people "What else?" following their initial response. This places clients in the driver's seat by inviting them to address the question as thoroughly as they wish. As illustrated in the following conversation with a fifth grader named Daniel, inviting students to elaborate on their initial response to the miracle question yields a more complete description of their goals:

> *Counselor:* Suppose that one night while you were sleeping, a miracle occurred all at once and this problem was completely solved. The problem vanishes just like that [*snaps fingers*]. How would you know the miracle had occurred? What would be different about your life at school and home?
>
> *Daniel:* I'd stop getting in trouble in school.
>
> *Counselor:* What else?
>
> *Daniel:* My grades would be better. I'm close to flunking a couple classes now, so I wouldn't be flunking any of my classes.
>
> *Counselor:* Okay. What else would be different after this miracle?
>
> *Daniel:* Oh, I know. My parents wouldn't hassle me about school. They nag me all the time about little stuff. They're always asking me questions about school and everything, prying into my business. So they'd be a lot nicer to me after this miracle. That would be a major miracle.
>
> *Counselor:* What else?
>
> *Daniel:* My teacher and I get into fights all the time. So we wouldn't do that if this problem vanished.
>
> *Counselor:* What else?

Daniel: That's it.

Counselor: Okay.

To develop goals even further using the 5-S guideline, the counselor invites Daniel to reflect on the personal significance of these desired changes by helping him connect school performance to bigger goals and values in his life:

Counselor: It sounds like it's important to you to do well in school.

Daniel: Yeah, I'd like to do better.

Counselor: You mentioned staying out of trouble, getting decent grades, and getting along better with your teachers and parents. This sounds like someone who wants school to be better. Why is school important to you?

Daniel: Well, you have to do good enough in school to earn money.

Counselor: Why is it important for you to earn money?

Daniel: Because you can't have a family or anything if you don't have any money.

As illustrated next, we can also follow up the miracle question by addressing the other characteristics of effective goals—specific, small, start based, and self-manageable.

Counselor: Daniel, you mentioned that you would stop getting in trouble in school after the miracle.

Daniel: [*nods yes*]

Counselor: What would you be doing instead of getting in trouble? [This "instead of" question invites Daniel to think about the presence or start of what he wants instead of the absence of what he does not want.]

Daniel: Paying attention to my teachers and doing my work.

Counselor: If I videotaped you paying attention to the teachers, what would I see you doing differently? [Asking for a videotalk description encourages specific goals that can be seen and measured.]

Daniel: I'd be sitting at my desk looking at the teacher instead of looking at my friends or out the window.

Counselor: Okay. What else would I see?

Daniel: I guess I'd be taking notes or answering questions, stuff like that.

Counselor: Of all these things, which one would you be most willing to work on first and try to make some small changes on within the next few days? [This question respects Daniel's input and invites him to focus on small changes that are within his control.]

Daniel: I guess taking notes, because it would help me on tests and help get my grades up some.

Counselor: That sounds good. You also said that you wanted your parents to stop nagging you about school and to be nicer to you.

Daniel: Right. I know they mean well, but they're always on my case.

Counselor: I'm wondering if there's anything you could do differently to change things so they nagged you less? [This question paves the way for self-manageable goals by inviting Daniel to focus on what he could do to improve the situation with his parents.]

In this condensed version of the meeting with Daniel, the miracle question creates a student-driven context for developing practical goals in accordance with the 5-S guideline. As illustrated with Daniel, clients often mention many aspects of life that would be different after the miracle. In an effort to select starting points and initial goals for counseling, we can ask clients (a) what piece of the miracle they want to work on first or (b) what piece of the miracle is most attainable at the present time.

The miracle question connects well with students because young people generally enjoy thinking in playful and metaphorical ways. So do many adults. Another reason the miracle question works is because people of all ages appreciate the opportunity to focus on a better future rather than rehashing the problem—a topic with which they are all too familiar by the time they receive counseling services. Of course, nothing works all the time with every person. When people do not

respond to the miracle question or indicate a preference for something different, we should honor their wishes and move on to other goal development strategies.

Partnering with students and others to develop practical goals is crucial to the success of school-based counseling. Effective goals help to keep counseling on track and focused. As the expression goes, “If you don’t know where you’re going, you probably won’t get there.”

Summary and Conclusions

This chapter provided strategies for coconstructing solvable problems and practical goals. Coconstructing solvable problems involves developing concrete, videotalk descriptions of the problem. It is also helpful to clarify the role of environmental factors, to explore attempted solutions, and to have clients describe the impact of the problem in their lives. Although solution-focused counseling does not involve lengthy explorations of problem history, gathering information in these areas is helpful in building solutions and in validating students' and caregivers' struggles and frustrations. Practical goals keep counseling on track and assist in evaluating its effectiveness. The 5-S guideline was presented as a way to create effective goals that are significant, specific, small, start based, and self-manageable. Scaling and miracle questions are also helpful in developing practical goals in partnership with students and caregivers.

The most distinctive feature of solution-focused counseling in schools is its emphasis on what is right with students—their strengths, successes, and other resources—and the integration of these assets into interventions and solutions. Building solutions from clients' strengths and resources is covered in the next two chapters, which describe practical methods of building on exceptions to the problem (Chapter 6) and building on other student resources (Chapter 7).

Discussion and Practice

1. Think of a current concern or problem in your life, and complete the following tasks: (a) Define the problem using videotalk; (b) explore environmental factors (when, where, and with whom the problem typically occurs; what happens right before and after it occurs); (c) consider the effectiveness of previous solution attempts, asking yourself how you could adapt what has worked and discontinue what hasn't; and (d) ask yourself how the problem influences your life or the lives of others. Using this information, develop a simple and practical plan of action for changing the problem.
2. Select two current counseling clients and ask yourself whether you have at least one clearly stated counseling goal for each client. If so, do the goals meet the 5-S criteria of being significant, specific, small, start based, and self-manageable? If not, how might you and your clients modify the goals to make them more effective?
3. Think of a situation or problem in your life that you would like to change. What will be the first small sign that things are getting a little better? To practice scaling, rate the problem from 1 to 10, with 1 being as bad as it can be and 10 being as good as it can be. What would the next higher number look like? Be specific in describing what you and others will be doing when things start getting better. What effect does this scaling task have on you? How does it affect your hope regarding future improvement?
4. Select a current problem in your life and describe what would be different if a miracle occurred and the problem suddenly vanished. How could you or others tell that the miracle had occurred? Be thorough and specific in your description of life after the miracle. Of all those things that would be different, which ones are already happening, if only just a little? What needs to happen to increase or sustain these exceptions or better times? What are you willing to do to make this happen?
5. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 6

Building on Exceptions

Chapter Objectives

- To introduce the strategy of building on exceptions as a way of acknowledging and applying what is right with students
- To describe a practical, five-step method of building on exceptions
- To provide real-world examples of building on exceptions with a variety of students and problems

• • •

I don't lead musicians, man. They lead me.

I listen to them and learn what they do best.

—Miles Davis

In the mental health field, the *health* part has traditionally taken a back seat to analyzing and treating people's problems—fixing what is wrong rather than building on what is right. Research paints a very different picture of how to be effective as a counselor. Studies have consistently found that client factors, which include strengths, successes, and other resources that clients bring to the table, are the most powerful elements of effective counseling (Bohart & Wade, 2013). Research on counselor effectiveness has confirmed the importance of client factors by showing that counselors who focus on people's strengths and resources are more successful than those who do not (Gassman & Grawe, 2006). This is the first of two chapters about building school solutions from students' strengths, successes, and other resources. Focusing on what is right with students not only expedites solutions but sends the empowering message that students are essential partners and contributors in the counseling process.

One of the most intriguing aspects of solution-focused practice is that the solution to a problem may have little or nothing to do with the problem itself. This idea drives the classic solution-focused strategy of building on exceptions. An *exception* is an event or situation in which the school problem does not occur or occurs less often or less intensely than usual. Building on exceptions is based on the idea that it is more empowering and efficient to increase existing successes, no matter how small or infrequent, than it is to eliminate problems. Like most of the strategies in this book, building on exceptions can be used with *any* client and *any* problem.

Regardless of how constant a problem may seem to those who experience it, there are always fluctuations in its frequency and intensity. In other words, exceptions to the problem are always happening to one degree or another, but they will remain unnoticed unless we are looking for them. When exceptions are discovered, we can work with people to increase their occurrence. One of the greatest advantages of building on exceptions is that it invites clients to focus on what they are doing right versus what they are doing wrong. After all, most people prefer to work *toward* what they want rather than *away from* what they don't want. This chapter describes a practical method of building on exceptions with a variety of students and school problems.

The 5-E Method of Building on Exceptions

If I focus on a problem, the problem increases; if I focus on the answer, the answer increases.

—Alcoholics Anonymous (2001, p. 419)

Building on exceptions can be broken into five steps: eliciting, elaborating, expanding, evaluating, and empowering.

Step 1: Eliciting

The first step in building on exceptions is to find, or elicit, them. Fortunately, there are many different ways to do this.

Looking

Sometimes we can find exceptions by looking for them in school records and documents. For example, discipline records indicate times when the problem is absent or less frequent—specific classes, certain times of the day or week, and so forth. When a student's absenteeism or truancy is a concern, we can examine records with an eye toward patches of better attendance. We may discover, for example, that the student's most consistent days of attendance are Mondays and Fridays. We can also discover exceptions by examining current and previous grade reports. Even when students are failing most of their classes, they are usually doing a little better, or perhaps even a lot better, in some classes than others. Exceptions can similarly be found in psychological and educational evaluation reports. Examining school records with an eye toward the positive provides opportunities to discover exceptions before we even meet the student in person. Imagine students' surprise and relief when they meet the counselor for the first time and discuss, of all things, what they are doing right at school.

Listening

Given that most people overlook small fluctuations in the problem, it is important to listen for any hints of exceptions in people's comments about the problem. The italicized words and phrases in the following statements provide clues about exceptions:

- Barbara is failing *all but two* of her classes.
- *Most* of my teachers are really mean.
- I hate all my classes *except* science.
- Brian is *almost always* late for school.

In the first example, the phrase "all but two" suggests that two classes may represent exceptions to the problem of failing classes. Similarly, the phrase "almost always" in the last example might prompt a discussion of the days when Brian *is* on time for school.

Asking

Serious school problems captivate the attention and energy of students, teachers, and parents, which makes it hard for them to notice the nonproblem times unless we ask about them. Asking about exceptions can take on a variety of forms, including using direct questions, tasks, rating scales, and visual diagrams.

Exception-finding questions include the following:

- When is the problem absent at school?
- When doesn't the problem happen?
- When is the problem less noticeable or less bothersome than usual?
- What is the best thing about school for you?
- Of all your classes, which one is most tolerable for you? What class do you get in the least amount of trouble in? What part of school sucks the least?

- What do you want to continue happening at school?

As with other solution-focused techniques, the search for exceptions should never be forced on people and should always accommodate their position. For example, direct questions work well for many students ("When is the problem absent at school?"), whereas others may respond better to indirect questions that acknowledge and accommodate their position ("I appreciate you being honest and telling me that school sucks, which made me curious about something. What part of school sucks a little less than the other parts?"). Instead of ignoring or challenging students' experience of the problem, we can integrate their position and language into exception-finding questions. Even then, however, some students may prefer not to discuss exceptions. When this occurs, we can honor their preference and talk about something else.

In addition to asking questions, we can use the following types of tasks to elicit exceptions with students, teachers, and parents:

- Between now and next week's meeting, observe anything about your student that you don't want to change.
- Make a list of everything at school that you want to continue happening, and we can talk about these things when we meet next week.
- For the next couple days in school, carefully observe when the problem is not occurring and pay attention to how you are able to make that happen.
- Pay attention to how you are able to resist the urge to (skip school, hit someone, or whatever the problem is) so that we can learn more about how you do that.

These tasks can be used with any client, but they are especially helpful for people who are discouraged and feel that nothing is going well for them. Notice that none of these strategies challenge the student's or teacher's perceptions—they simply invite them to notice the more successful and productive times at school.

Rating scales provide another avenue for discovering exceptions. Most rating scales focus on deficits and problems, with little or no attention to the client's strengths or successes. For example, a teacher or parent might be asked to rate a student on the extent to which he or she demonstrates hyperactivity, aggression, anxiety, and so on. These scales can reveal hints of exceptions when reviewed with an eye toward items scored as less problematic than others. Some tools, such as the Behavioral and Emotional Rating Scale–2 (M. H. Epstein, 2004) and the Solution Identification Scale (Kral, 1988), are specifically designed to identify students' strengths, successes, and other resources. We can also create our own forms to elicit exceptions. For example, I developed a short and simple form called the Quick Survey to identify exceptions at school. This survey is displayed in Appendix E along with the Solution Identification Scale.

When working with young children or students with developmental difficulties, we can use visual diagrams to help them identify exceptions. For example, we can draw three faces on a sheet of paper —one smiling, one neutral, and one frowning—and say, "Some days at school are more like this face [*pointing at the frowning face*], other days are like this [*pointing at the smiling face*], and some are in between [*pointing at the neutral face*]. Tell me about a time when school was like this for you [*pointing at the smiling face*]." We can also draw a line across a sheet of paper with occasional spikes while explaining that the flat parts represent problem times and the spikes are times when things are better. Next, we can point to the spikes on the line and say, "Tell me about one of these better times at school."

As you can see, there are many different ways to elicit exceptions to school problems. The next section describes strategies for elaborating on the details and circumstances associated with exceptions.

Step 2: Elaborating

Once an exception is discovered, the following questions invite clients to elaborate on related details and circumstances:

- What did you do to differently to make it (the exception) happen?
- How was that different from what you've done before?
- Who was around? What did they do?

- What is different about your best class at school compared to your other classes?

Here are some questions that we could ask Jeremy, a middle school student who has much fewer discipline referrals in science class compared to his other classes:

- How do you manage to behave differently in science class, Jeremy?
- What is different about your science class (and teacher) from your other classes (and teachers)? What else?
- What is different about your approach to science class compared to your other classes?
- Where do you sit in science class?
- How would you rate your interest in science compared to other subjects?

Questions for Jeremy's teachers might include the following:

- What theories do you have about why Jeremy behaves more successfully in your (science) class than his other classes?
- What was different about last Tuesday when Jeremy turned in all his work and seemed more attentive in class?
- What did you do or say differently?
- Does Jeremy behave better on certain days of the week? During certain times or situations in your class?
- What is different about the times when you and Jeremy get along better?

As evidenced here, clarifying the details of exceptions is pursued with the same analytic rigor that is commonly used to clarify the details of school problems. Although both types of information are useful, students often become more involved when discussing exceptions (something different) than problems (more of the same). In addition to engaging students' attention and hope by focusing on their successes and victories, elaborating on the details of exceptions lays the groundwork for interventions that expand the presence of exceptions at school.

Step 3: Expanding

In this step—the heart of the 5-E method—students and others are encouraged to expand exceptions to other situations or to a greater frequency.

Expanding Exceptions to Other Situations

As an example of expanding exceptions to other situations, let's return to Jeremy and the science class exception. On discovering that Jeremy sits toward the front of the room in science class and that he and the science teacher occasionally have informal conversations before and after class, the counselor can work with his other teachers to explore the possibility of incorporating one or more of these elements into their classes. As simple as this sounds, improvements in school problems often result from expanding what works in one situation to another, then another, and so on.

Expanding Exceptions to a Greater Frequency

In addition to expanding exceptions to other situations, students and others can be encouraged to "do the exception" more frequently. Ted, a sixth-grade science teacher, requested help in managing the behavior of his entire class. When asked about times when things went a little better in class, he reported fewer behavior problems (the exception) during small-group exercises and experiments (the exception context). We discussed how he might increase these activities while meeting course objectives. When I saw Ted 3 weeks later, he commented that things were better since he had begun doing more activities in class. Ted also added his own touch to the intervention in two major ways. First, he decided to schedule group activities and experiments during the last half of the class because students' behavior was usually worse during this time. Second, he offered certain special activities as rewards contingent on acceptable classroom behavior during the entire week. In solution-focused counseling, people are encouraged to adapt interventions to fit their unique style and circumstances, just as Ted did. Ted's example illustrates the simple yet effective strategy of urging people to do more of what is already working for them.

The last two steps of the 5-E method—evaluating and empowering—apply to changes in general, not

just those resulting from exception-based interventions.

Step 4: Evaluating

Evaluating the effectiveness of exception-based interventions, and of solution-focused counseling as a whole, is based primarily on the client's perceptions and judgments of goal attainment. Many evaluation strategies from the literature are designed for research purposes and are too cumbersome and time consuming for everyday use by busy school practitioners. This discussion describes efficient and practical methods of monitoring progress and evaluating outcomes in solution-focused counseling.

Informal Scaling Questions

Informal scaling questions provide a quick and easy way to evaluate the effectiveness of counseling. Students and others can be asked the following question on a regular basis throughout the counseling process: "On a scale of 0 to 10, with 0 being the worst it can be and 10 the best, how have things been going with this problem/goal during the past week?" As noted in Chapter 5, scaling questions can be easily adapted to any problem, goal, or client.

Paper-and-Pencil Methods

Paper-and-pencil methods can also be used to evaluate the effectiveness of counseling services and interventions. The Outcome Rating Scale (ORS) was introduced in Chapter 4 as a method of establishing client-driven goals at the start of counseling. The ORS also provides an ongoing snapshot of the client's perception of progress in the major area(s) of concern throughout the change process. Appendix C provides additional information and examples of how the ORS can be used to evaluate progress and adjust services in response to feedback from students, teachers, and parents.

Other kinds of rating scales can also be used to evaluate outcomes. For example, a parent and teacher could fill out a behavior rating scale on a student before and after counseling, and the counselor could compare the two sets of ratings to assess perceived changes in the student's behavior. Although marketed rating scales can be used for this purpose, most are designed for widescale use and may include items that are irrelevant to the specific problem, goal, and student with whom we are working. To avoid this, we can design customized rating scales that are worded to the specific client, circumstances, and goals of counseling. Exhibit 6.1 provides one such example involving a sixth grader named Janelle, with a goal of improving classroom behavior and assignment completion. The scale took about 10 minutes to develop and 5 minutes to complete. Janelle's teachers completed the scale every Friday for 2 months, which provided an ongoing snapshot of Janelle's progress and allowed for timely adjustments in counseling services based on their feedback.

The importance of adjusting services in response to client feedback cannot be overstated. We have all had the disempowering experience of being asked for our input, offering it, and watching things continue just as they had before we provided our feedback. Counselors can avoid this mistake by valuing and responding to the feedback of students, parents, and teachers throughout the helping process.

Exhibit 6.1

Individually Developed Teacher Rating Scale for Evaluating Progress

Student: Janelle R *Teacher/Class:* Ms. McCreary/Science

1. On a scale of 1 to 10, with 1 being "the worst it can be" and 10 being "the best it can be," rate Janelle's behavior in your class during the past week: _____
2. Compared to when the referral was made in late January, Janelle's current behavior in your class is

   ❑ better ❑ worse ❑ about the same

If better, what is she doing differently now that makes it better?

Other comments: _____

3. Compared to when the referral was made, Janelle's completion of in-class assignments during the past week was

   ❑ better ❑ worse ❑ about the same

If better, what is she doing differently now that makes it better?

Other comments: _____

4. Compared to when the referral was made, Janelle's completion of homework assignments for your class during the past week was

   ❑ better ❑ worse ❑ about the same

If better, what is she doing differently now that makes it better?

Other comments: _____

5. Please list the things that Janelle is *already doing* to improve her behavior and assignment completion in your class (other than what is listed above).
6. Please list the things that Janelle *could do* differently to improve her behavior and assignment completion in your class.
7. Add any *other comments or questions* that would help me better understand the situation from your perspective.

Thank You for Your Cooperation.

• • •

Permanent Products

Examining permanent products—grades, discipline reports, attendance data—is another practical way of evaluating the effectiveness of solution-focused interventions and services. For example, we can compare grades and discipline records before, during, and following intervention to evaluate the goal of improving grades and reducing after-school detention. Additional permanent products in schools include classroom work samples, weekly behavior cards, homework assignments, midterm progress reports, and students' cumulative files.

Single-Case Evaluation Designs

Single-case evaluation designs (Kazdin, 2011) can be used in conjunction with the methods already listed to evaluate progress and adjust services. The most practical of these designs is the AB design, where A is the preintervention/baseline phase and B is the intervention phase. For example, a teacher might rate and graph the student's daily classroom behavior for a week or so before counseling (the A phase) and for several weeks following it (the B phase). One major advantage of this kind of evaluation is that it provides repeated and ongoing measures of progress that allow for nimble and timely adjustments in services.

Step 5: Empowering

When positive changes occur during the counseling process, emphasis shifts toward empowering and maintaining these improvements. This section describes practical strategies for empowering improvements and helping people maintain them.

Giving Credit

Students do not automatically assume any credit for positive changes at school. Some view improvements as a fluke or stroke of luck, whereas others attribute them to external factors such as the start of medication or counseling. Giving credit begins with the belief that the client is the true hero of successful change and that it is the client who makes the intervention work, not the other way around. Therefore, it is important that students and other clients view improvements as resulting from something *they* did. When people connect positive changes to their own efforts and actions, they are more likely to repeat such actions in the future. The following statements and questions invite people to take credit for school improvements and reflect on what they did to bring them about:

- How did you make this happen?
- How did you know to do that?
- Where did you find the courage to approach school differently during the past few days?
- How did you manage to get your daughter to school on time for the past 3 days?
- Some teachers/parents would have been defeated by this problem. How have you managed to stay with it and keep working at changing things?

Even when people attribute improvements to elements outside themselves (e.g., medicine, other people), we can ask what *they* did to make effective use of these elements:

- How have you made the medicine work for you?
- How did you know to ask your older brother for help?
- I'm glad to hear that things are better since they changed your class schedule. How are you making the new schedule work so well?

Connecting improvements to clients' decisions and actions by giving them credit increases their confidence and self-efficacy. *Self-efficacy*—the belief in one's ability to solve problems and achieve goals—helps people sustain improvements and persist in the face of setbacks (Dweck & Master, 2008; Lippke, Wiedemann, Ziegelmann, Reuter, & Schwarzer, 2009).

Exploring the Consequences of Change

Exploring the personal and social consequences of change helps clients maintain improvements. Questions that explore old you/new you and before/after distinctions are useful in clarifying the impact of improvements on people's perceptions of themselves and their circumstances:

- How is the new you different from the old you?
- How is life at school and home different for you after making these changes compared to before?
- What have you learned about yourself in making these improvements?
- How do your parents and teachers treat you differently now that you have made these changes?
- Since you began asking him fewer questions about school, have you noticed any other positive changes or differences in the way you and your son have been getting along?
- I know that Monique's classroom behavior has improved since you began meeting individually with her for a few minutes on Friday afternoons. Have you noticed any other benefits of these Friday meetings?

Discussing Future Plans

Discussing the client's future intentions and plans can also help to keep the ball rolling in the right direction following school improvements. Asking students, parents, and teachers whether and how they plan to maintain progress helps them to articulate and clarify their intentions:

- Do you plan to continue these changes at school? Why is it important for you to do this?
- What can you do to keep things moving in a good direction with the student in your math class?
- On a scale of 0 (*very unwilling*) to 10 (*very willing*), rate your willingness to do whatever it takes to keep things moving in the right direction.

Preparing for Setbacks

Although people are naturally pleased when progress occurs, they also may fear that school improvements will not last. This is an understandable reaction, especially when the problem has occurred over a long period of time. Counselors can validate clients and help them prepare for setbacks by (a) explaining that slips or setbacks are a normal part of the change process and (b) developing strategies for responding to setbacks when they occur. The following strategies are useful in helping students and others to prepare for setbacks:

- Most of the time, important changes do not happen in a straight line. It's more like two steps forward, one step back, and so on. What can you do if you notice that you're having a bad day at school?
- What are some things that you can do if you start having more trouble with one of your teachers again?
- What will you do if your grades start slipping in math?
- What can you do if your new classroom management plan stops working as well as it has been?

Preparing for setbacks equips clients to respond effectively when they occur. Without such preparation, people may exaggerate the significance of a slip and react in unproductive ways. For example, students may get discouraged after a difficult day and think, "I'm right back where I started. Why should I even try to make things better?" Likewise, parents and teachers who are unprepared for setbacks may automatically revert back to the same ineffective strategies that contributed to the original problem.

In addition to helping students and others prepare for setbacks, the following questions can be used to help people make the most of a setback when it occurs:

- What do you need to do right away to get back on track?
- Based on this experience, what can you do to prevent future setbacks?
- What have you learned from this slip that might help you in the future?

Requesting Clients' Advice

Another way to empower desired changes is to request the client's advice for others who wish to make similar changes. Asking students and caregivers for their advice (a) encourages them to articulate what they did to improve things and (b) conveys respect for their wisdom and contributions, which can enhance their confidence in maintaining desired changes. Questions along these lines include the following:

- What would you say to other first graders who need to pay attention in class?
- What can I say to a student who says, "Why should I pay attention in school when I can have more fun goofing off?"
- If you were a counselor, what would you tell students/teachers/parents who are struggling with the same kind of problem that you changed?
- Based on your experience, what advice do you have for other students/teachers/parents who encounter similar challenges?

In addition to asking these types of questions, we can invite students to document their success stories so that others might benefit from their wisdom and experience:

- Would you be willing to write a story or make a short movie about how you made these changes? (Students who are younger, or those who have difficulty with writing, can dictate their stories.)
- My job is to help others make changes like the ones you just made, so I would really appreciate you making a list of suggestions that I can share with others. Can you help me with that?
- Can you text or e-mail me your advice and ideas for other students who want to do better in

school?

- Maybe we could work together on a little book called *Julie's Tips* that would tell the story about how you made these changes and offer tips for other students who want to do what you have done.

An informal book titled *Students' Victories Over School Problems* can be assembled every year and maintained at the school for access by students, teachers, parents, and others. In addition to showcasing students' success and courage, the act of writing requires students to reflect on their accomplishments and clarify exactly what they did to bring them about.

Another way to reinforce and empower students' improvements is to have students assume teaching or tutoring roles. For example, a student who has recently improved his or her school behavior might be asked to be a guest speaker in the counselor's social skills group for students with behavior problems. Students who show improvements in specific areas of academic or behavioral performance can serve as tutors for younger students who are struggling in the same areas.

I have also invited students to join my Helper Club (preschool and elementary students) or Consultant Club (secondary students), consisting of other students who have improved their school performance and have given me permission to consult them for future ideas and advice (Murphy, 1997). Students who join the club are given a certificate and wallet-size card designating them as official members. The certificate is displayed in Appendix F. The club has existed for more than 20 years, and the fact that no one has ever declined the invitation to join attests to students' favorable response to being treated as advisors and consultants. This is not too surprising given that struggling students are rarely asked for their opinions or placed in the role of helping others.

Using Letters and Other Documents

Letters and documents can be used to reinforce and maintain desired changes in school problems. I have found that students, teachers, and parents respond very favorably to personalized letters and documents that acknowledge their contributions to school solutions. Although there is no standard formula for writing such letters, my letters usually include a combination of the following elements: acknowledgment of change, compliments, curiosity, giving credit, and advising others. These elements are noted in the following letters sent to a fifth-grade student (Kelly), her teacher (Ruth), and her parents (Maria and Albert) following Kelly's recent improvements in school behavior:

> Dear Kelly,
>
> Congratulations on changing your school behavior *(acknowledgment)*. I know how hard it is to resist the urge to talk to others instead of doing class work, but you did it *(compliment and giving credit)*. I am curious how you did this, and I will ask you about it the next time we meet *(curiosity)*. If you teach me how you made these changes, then maybe I can share your tips with other students if that's okay with you *(advising others)*. I look forward to seeing you next week.
>
> Dear Ruth,
>
> I really appreciate your dedication to helping Kelly improve her school behavior over the past several weeks *(acknowledgment)*. With everything else you have going on as a teacher, your willingness to hang in there and try different strategies to help Kelly has been impressive and successful *(compliment and giving credit)*. Teaching is one of the most demanding and challenging jobs on the planet—right up there with parenting! Kelly is lucky to have you in her corner, and I appreciate the opportunity to work with such a caring and competent teacher *(acknowledgment and compliment)*.
>
> Dear Maria and Albert,
>
> As you know, Kelly has done much better in school during the past week *(acknowledgment)*. I am writing to thank you for all your work on Kelly's behalf and for your support of the school's efforts to improve Kelly's success at school *(giving credit)*. I know it hasn't been easy for anyone, but it is gratifying to work with such a dedicated team of "Kelly advocates" at home and school. And it looks like the teamwork is paying off based on Kelly's recent improvements *(giving credit)*. The job of parenting is hard enough without the added challenge of school problems, which is why your efforts have been so impressive and inspiring to me *(compliment)*. Please contact me any time you think I can be of further assistance to you or Kelly.

Personalized awards and certificates, such as the one in Exhibit 6.2, can be used with students to acknowledge and empower their school improvements. Whereas letters can be used with people of

all ages, the use of awards and certificates is a judgment call influenced by factors such as students' age, our relationship with them, and other considerations. Although I use awards and certificates more often with younger students than older ones, I have periodically used them with secondary students whom I know well. Appendix F provides additional examples of letters and documents that can be used to acknowledge and empower desired changes.

Exhibit 6.2

The Courage Award

In recognition of

Kelly Smith

for having the courage to make important changes at school and for remembering that any change that is worth making involves some bumps and slips along the way.

School Counselor

• • •

Celebrating Success

Counselors can encourage clients to reward themselves for making changes by doing or creating something special to punctuate and celebrate their improvements. The form of something special is less important than the function of acknowledging their accomplishments and adding an exclamation point to the fact that they were successful. To further highlight clients' victories, we can suggest a ritual or physical object that symbolizes the change and serves as a motivator and reminder of their courage and success. This could be anything from going to a movie to making a victory collage, carrying a special coin or picture, writing a poem, or creating an empowering slogan (such as, "If I did it once, then I can do it again"). It doesn't matter what it is, as long as it has personal significance and meaning for the client.

Clients aren't the only ones who profit from acknowledging and celebrating victories. As helping professionals, we also benefit from taking time to stop and smell the roses of our profession—the joys, relationships, and success stories that accrue from our ongoing work with young people and their caregivers.

Leaving the Door Open

One final way that we can empower and maintain school improvements is by leaving the door open for future booster sessions and follow-up visits at the request of students, parents, or teachers. When goals are reached and counseling ends, we can offer follow-up booster sessions, phone calls, or e-mails to check on progress and encourage people to continue doing what is working and alter what is not working.

In summary, the 5-E method is a versatile and systematic way to build on exceptions to the problem in our work with students, teachers, and parents. The key steps and strategies of the 5-E method are summarized in Box 6.1.

Box 6.1

The 5-E Method of Building on Exceptions

Step 1: Eliciting

Look, listen, and ask for exceptions.

Examples: Look for exceptions in school records; listen for exceptions in clients' language; ask about exceptions using questions ("When doesn't the problem happen at school?"), tasks, rating scales, and visual diagrams.

Step 2: Elaborating

Explore related details and circumstances of exceptions.

Examples: "How is your math class different from the classes you are having more problems with?" "During what type of class activities does this student behave better?" "What is different about the times you and your daughter get along better?"

Step 3: Expanding

Invite clients to expand exceptions to other situations and to a greater frequency.

Examples: "What would you think about doing more of your 'science class behavior' in one of your other classes and observing any differences in the way your teacher treats you?" "What will it take for you to do this more often at school?" "Because the students in your class behave better during hands-on activities, how could you increase such activities in your class?"

Step 4: Evaluating

Evaluate the effectiveness of counseling using informal scaling questions, paper-and-pencil methods, formal and informal rating scales, permanent products, and single-case evaluation designs.

Examples: "On a scale of 0 to 10, with 0 being the worst it could be and 10 being the best it could be, where would you rate your behavior in math class during the past week?"; obtain client feedback on outcomes using the Outcome Rating Scale and self-designed surveys; examine grade reports and discipline records to assess progress; use AB evaluation designs, where A is the baseline or precounseling phase and B is the counseling phase.

Step 5: Empowering

Give credit, explore the consequences of change, discuss future plans, prepare for setbacks, request clients' advice, use letters and other documents, celebrate success, and leave the door open for future contact.

Examples: "How have you managed to make these difficult changes at school?" "What have these changes taught you about yourself?" "How have things changed between you and your teachers?" "Are you planning to continue these changes?" "What will you do when you have a bad day?" "What tips would you offer to another student/parent/teacher who is facing a similar problem?" "How can you celebrate your recent victory over this problem?"; use letters and documents to acknowledge and empower improvements; invite clients to contact you in the future as needed.

• • •

Examples of Building on Exceptions

The remainder of the chapter describes real-world examples of building on exceptions with a variety of students and caregivers. Dialogue and commentary are included to provide a personalized, hands-on perspective of the counseling process. We begin with a consultation example involving a special education teacher.

All I See Is What They're Doing Wrong

Andrea, the principal of Baker Elementary School, asked me to work with one of her special education teachers named Lisa. Andrea described Lisa as "stressed out" and "very negative" with her students. Baker, an urban school of about 600 students in kindergarten through Grade 4, had the highest rate of academic and behavior problems in the district. Teacher burnout and turnover was an ongoing problem, and Lisa was one of only four special education teachers in the building. Andrea said that Lisa had the potential to become an effective teacher if she could just be more positive with the students. For the second year in a row, Lisa had referred more students to the principal's office for disciplinary reasons than any other teacher in the school.

I arrived at Lisa's door a few minutes before school let out and was promptly greeted with a cold stare and obligatory nod. The fact that Lisa was not thrilled to see me was understandable; after all, our meeting was someone else's idea and not hers. When the bell sounded and the students were dismissed, Lisa and I walked down the hallway to a small conference room.

I began by saying, "Lisa, I know this wasn't your idea, and I'm not going to pretend that I know the best way for you to manage your class. Frankly, I admire anyone who teaches young people day after day. That goes double for those who teach challenging students. I don't know many adults who have the courage and patience to even try."

Lisa's face softened a little and she said, "Sometimes I'm not sure I do."

I reminded her that Andrea apparently thought she did, based on her comments about Lisa's potential as a teacher. I asked Lisa to tell me about her students, her major concerns, and anything else that would help me gain a better understanding of her situation.

Lisa thoroughly described her most challenging students and her frustrations as a teacher. She felt that many of the students misbehaved to "get on her nerves" and make it "impossible to teach." Lisa talked while I listened, took notes, and asked a few questions aimed at clarifying her comments.

About 20 minutes into the meeting, I thanked Lisa for helping me gain a better understanding of the situation and added, "It's very helpful to learn more about these problems and concerns. I feel like I have a much better handle on them now. I'd like to ask you about something else that might give us some direction and ideas for making things better. I'm wondering about the times when things go just a little better than usual between you and the students. Can you tell me about any of those times?" Just as I finished asking this question, Lisa was summoned to the main office to take a phone call from a parent. She excused herself and returned about 10 minutes later.

Lisa walked into the room and started talking before she even sat down. Her comments, which I am quoting as closely as possible, dramatically illustrate the difference between problem-focused and solution-focused thinking. "I just realized something as I was walking back here. You asked me about times when things go better in class, right?"

"Yes," I said, unsure of where this was going.

"Well, I couldn't think of anything at first, and I realized that all I think about is how bad my kids are. I'm not saying some of them aren't pretty bad, because they are, but others are good a lot of the time. Even the worst ones have a good day every now and then. Do you know what I mean?" I nodded, and Lisa finished with a powerful and courageous statement: "Maybe I'm part of the problem. All I see is what they're doing wrong."

The remainder of our meeting was spent discussing times and situations when things went better between Lisa and the students. We also discussed what Lisa was already doing, or could do differently, to sustain and increase these exceptions or better times at school. In addition to producing some practical intervention ideas for individual students and the class as a whole, our discussion of what was right about Lisa and her students seemed to boost her outlook—and mine,

too—on the possibilities for positive change. Although things were far from perfect during the rest of year, there was a noticeable change in Lisa's approach to her students and her job. Andrea said that Lisa was happier and more positive with her students and that she referred fewer students to the principal's office.

Lisa's "aha" moment was prompted by a solution-focused invitation to consider what was right and working between her and the students. Lisa's story is more dramatic than most, and I am not suggesting that exception-finding questions will resonate with other teachers as strongly as they did with Lisa. However, inviting students and caregivers to focus on what they want (solutions) rather than what they don't want (problems) can produce positive and powerful results.

The Monday Morning Exception

Sam, age 9, was referred by his teachers for noncompliance and oppositional behavior. He had recently been diagnosed with oppositional defiant disorder by a local psychiatrist, who recommended medication and behavioral counseling. Sam's mother, Sherese, wanted to give counseling a try before considering medication. She met with Sam's homeroom teacher and the school counselor to initiate intervention services at school. The counselor explained the process and asked the teacher and Sherese to complete the Child Outcome Rating Scale (CORS).

The following dialogue picks up with the counselor's opening comments to Sam in the first meeting:

> *Counselor:* Sam, the purpose of our meeting is to help make school go more like you want it to go instead of the way it's going now. I talked with your mom and homeroom teacher a few days ago, but I want to hear *your* take on things. I need to learn how you want school to be different, so I need to ask you some questions to learn more about what's happening in school and what it's like for you. I also need your help with this little form called the Child Outcome Rating Scale [*showing the CORS to Sam*]. This form gives you a say in what we do here and it helps me understand how things are going for you. It's like a thermometer that tells us if things are getting better or not. Can you help me out with this, Sam?
>
> *Sam:* [*nods yes*]

These comments establish a culture of feedback and collaboration from the very outset of counseling. Phrases such as, "I need to learn" and "I need your help" emphasize the client-directed nature of solution-focused counseling. They also engage the attention and cooperation of struggling students, who often view themselves as passive bystanders versus vital contributors to school solutions. The dialogue picks up where we left off above.

> *Counselor:* Thanks. I appreciate your help. Let me explain how to mark the form [*setting the CORS on the table in front of Sam*]. For this first question that says, "Me (How Am I Doing?)," you need to mark the line anywhere between here [*pointing to the left end of the line*] and here [*pointing to the right end*] to show how things are going for you. The closer to this end and the smiley face, the better things are. Marks over here mean that things are not going well. Do you understand?
>
> *Sam:* Yes.

The counselor walked Sam through the completion of the CORS, which resulted in the following scores: Me (7.7), Family (8.3), School (1.8), Everything (7.6), total (25.4). Sam's mother and language arts teacher, who was the primary referral source, had completed the CORS a few days earlier with the following results: for the mother, Me (4.9), Family (6.5), School (1.7), Everything (6.3), total (19.4); for the teacher, Me (6.0), Family (7.3), School (1.6), Everything (5.8), total (20.7). In addition to verifying that school was the primary concern of everyone involved, the total scores provided a precounseling baseline for evaluating the clients' perceptions of progress throughout the helping process.

> *Counselor:* Thanks for doing that, Sam. By the looks of your marks, it seems like school is your biggest concern. Is that true for you?
>
> *Sam:* [*nods yes*]
>
> *Counselor:* Okay. Do you know why your teacher and mother wanted you to meet with me?
>
> *Sam:* Because I'm bad at school.
>
> *Counselor:* What do you mean when you say you're bad at school?

Sam: It means I don't mind the teachers. I don't do what they tell me to do, and I'm always getting sent to the principal's office.

Counselor: Being bad and getting sent to the principal's office. [*Pointing to Sam's mark of 1.8 on the CORS School scale*] Does that explain this low mark on the School line?

Sam: Yes.

Counselor: Okay. Thank you. Why do they send you to the principal's office?

Sam: To cool off. The principal talks to me about what I did wrong and tells me to be better.

Counselor: How often do you get sent to the principal's office?

Sam: Just about every day. I told you I was bad.

Counselor: Tell me about a time during the past few days when you went for a pretty long time at school without getting in trouble or getting sent to the principal's office. [This question is designed to elicit exceptions to the problem.]

Sam: [*pauses for about 10 seconds*] Monday. Yeah, Monday. I didn't get in trouble until after lunch on the playground.

Counselor: Wow. You mean you went the whole morning doing what your teachers asked and staying out of trouble?

Sam: Yes, the whole morning.

Counselor: What did that feel like for you?

Sam: It felt good. I mean, that's pretty good for me.

Counselor: It sure is. I wonder what was different about Monday than most other days.

To elaborate on the details of the Monday morning exception, the counselor continued to express curiosity and explore what was different about that particular Monday. It turns out that Sam arrived early for school that day. He walked into his homeroom class and saw Ms. Robinson attempting to move a large bookshelf. He helped her move the shelf across the room and asked whether she needed help with anything else. The teacher put him to work for the next few minutes sorting crayons, watering plants, moving books, and sharpening pencils.

In the following excerpt, the counselor continues to explore the details of the exception and its impact on Sam and his teachers. In addition to clarifying exception-related circumstances, this conversation reinforces a more hopeful story about Sam by inviting him to take credit for the positive turn of events on Monday and connecting these events to his own choices and actions.

Counselor: Let me see if I understand this, Sam. You just decided to help Ms. Robinson on your own.

Sam: That's right.

Counselor: So she didn't even ask you to help, but you helped her anyway?

Sam: Yep.

Counselor: Wow. That's really something. What made you decide to do that? [These comments give Sam credit for the changes.]

Sam: She was trying to push this big old thing across the room all by herself, and it wasn't really moving. I'm pretty strong with pushing and stuff like that, so I thought, "Hey, she needs help," so that was it.

Counselor: And you two pushed it across the room.

Sam: Two other kids helped, too.

Counselor: This is great, Sam. Let me see if I've got this right. You not only helped Ms. Robinson just because you wanted to, but you also rounded up a couple of other kids to help, too. What made you think of getting them to help?

Sam: That thing was heavy. These kids just walked in the room, so I said, "Hey, help us move this," and they did.

Counselor: Not everyone would do what you did. What is it about you that led you to do that instead of letting Ms. Robinson struggle with it herself or find someone else to help?

Sam: I guess I felt sorry for her. I didn't have anything else to do.

Counselor: So you're a caring person. What was it like for you when you helped? How did it feel?

Sam: It felt good.

Counselor: That's good. And the rest of the morning was good, not just in Ms. Robinson's class but in your other morning classes, too. How do you explain that, Sam?

Sam: I don't know. It was just good.

Counselor: I wonder what was different about you and your teachers that made it good.

Sam: I just did my work, and I didn't mess with people as much.

Counselor: So you usually mess with people more, but you didn't do that as much on Monday morning.

Sam: I didn't do it at all.

Counselor: Wow! That must have been hard work, huh?

Sam: Not really. I just did it.

Counselor: You just did it. Like the Nike commercial. Just do it.

Sam: [*smiles and nods yes*]

Counselor: Did your teachers treat you different when you "just did it"?

Sam: Yes.

Counselor: How were they different?

Sam: They were nicer.

Sam described several specific ways that his teachers were nicer, including thanking him for behaving well and picking up after himself in art class, letting him erase the board after math class, and letting him line up in the front spot on the way to the lunchroom.

Counselor: And how was that for you?

Sam: It was good.

Inviting Sam to consider the personal and social consequences of his exception behavior encouraged him to acknowledge the results of his choices and actions and to take credit for recent improvements rather than viewing them as a fluke. Instead of telling Sam why things were better with his teachers, the counselor expressed curiosity and asked questions that allowed Sam to describe things in his own way and his own words. In addition to increasing students' ownership of school improvements, asking versus telling sustains their attention because it is different from their typical conversations with adults.

When students view positive changes as resulting from their own choices and efforts, they are more likely to take personal responsibility for their actions and to maintain successful behavior after formal counseling has ended. Students like Sam, with a history of school problems, may resign themselves to viewing school conflicts as unchangeable matters of fate. Conversations about exceptions promote a more hopeful and flexible outlook.

The final few minutes of the session took place after a short break, during which the counselor and Sam walked around the playground and tossed a tennis ball for a few minutes. In the next excerpt, which occurred just before the session ended, the counselor appeals to Sam's playful nature by inviting him to try "an experiment" aimed at expanding the exception to other situations.

Counselor: Do you think people at school understand that you're a caring person?

Sam: No.

Counselor: I'm not trying to get you to say something that you don't really believe. So it's important for me to know if *you* believe that you're a caring person.

Sam: I think I am. But I can be mean, too.

Counselor: So you're a caring person and you can be mean, too. Do you think people appreciate or understand the caring part of you that likes to help people?

Sam: Not really.

Counselor: Why do you think they don't?

Sam: Because I do bad things.

Counselor: Do these bad things make it hard for people to see the good things about you, like the caring and helping?

Sam: Yes.

Counselor: They don't fully understand you, do they?

Sam: [*shakes his head no, and his eyes tear up*]

Counselor: Sam, is it important to you that your teachers and other people understand that you're a caring person?

Sam: Yes.

Counselor: I wonder what it would take for them to understand you're a caring person who likes to help people.

Sam: [*shrugs shoulders*]

Counselor: Sam, I remember your teachers stating that you liked science. Is that true?

Sam: Yes. [Sam's interest in science was a client factor that was incorporated into the intervention.]

Counselor: Have you ever done a science experiment?

Sam: We do experiments in class sometimes. I think we're going to do one tomorrow.

Counselor: Do you like experiments?

Sam: Yes.

Counselor: Well, you might be able to do a real science experiment starting right now. Do you want to hear more?

Sam: Yes.

Counselor: This is pretty cool, Sam, because you get to be in the experiment and you get to be the scientist who conducts the experiment. I'll need your help designing the experiment, too, but here is what I'm thinking. If you're willing to test out your idea that teachers are nicer to you when you are nicer to them, you could do something caring each day for each teacher, and then pay close attention to how they treat you. You could rate your teachers on how nice they are by giving them a number from 1 to 10. The number 1 means "not nice," 10 means "really nice," and 5 is in between. We can call it the Niceness Scale. Do you understand?

Sam: I think so. This is like a test, and we're testing it out.

Counselor: Exactly. You never know if it's going to work unless you test it out and observe closely to see if it really works.

The counselor and Sam quickly hammered out the details of the experiment. Sam decided to walk up to his teachers as soon as he entered their classroom and offer to help with anything they needed. If they said no, he would say, "Okay. Let me know if you change your mind," and then walk back to his seat. Regardless of whether the teacher took him up on his offer, Sam would rate each teacher on the Niceness Scale by writing a number next to the class in an assignment notebook. The session ended with Sam's completion of the Child Session Rating Scale as follows: Listening (9.4), How Important (9.2), What We Did (7.7), Overall (8.5), and total (34.8).

Counselor: Thanks for filling this out, Sam. So, you felt like I listened to you and we talked about important stuff. These marks [*pointing to the What We Did and Overall items on the Child Session Rating Scale*] are a little lower than the others. What else could I do, or do differently, to make our visit better for you?

Sam: It was fine. It just took pretty long.

Counselor: I really appreciate you letting me know about this. Wow, this meeting did run pretty long, didn't it? I'll have to keep a better eye on that next time. What else could I do to make it better?

Sam: That's it.

Aside from providing feedback on the counselor's and meeting's goodness of fit for Sam, the counselor's willingness to discuss these issues in a nondefensive manner enhanced the alliance.

The counselor met with Sam 1 week later to review the results of the experiment. After Sam apologized for occasionally forgetting to record the niceness ratings, he said that he had been sent out of class only once the entire week. He described several specific ways his teachers were nicer to him. Sam discussed various chores he had helped his teachers with that week and said that the principal had also asked whether he would be willing to stop in the main office as soon as he arrived at school each morning to sharpen pencils from the previous day and check the copy machine to make sure it had enough paper. Sam willingly agreed to this task and appeared to take great pride in his new responsibilities and behavioral improvements at school.

The remainder of the session focused on empowering desired changes by giving Sam credit for recent improvements ("How did you do this?"), discussing future plans ("What will it take to continue this?"), exploring the personal and social consequences of desired changes ("What have you learned about yourself?" "How is your life different at school since you've made these improvements?"), and requesting Sam's advice for others ("What advice would you have for other students who are struggling with their behavior in school?"). The counselor also asked Sam about his interest in directing and starring in a short movie about changing school behavior.

Although Sam was committed to sustaining his behavioral progress, the remainder of the year was far from perfect for him. There were several slips along the way, and he eventually lost the opportunity to help in the principal's office. However, he continued to periodically help his teachers and remained in class for the entire day an average of 4 out of 5 days during the rest of the school year—a big improvement from the 1 day per week that he had remained in class all day in the month before counseling began. His grades also improved from an overall average of C to a B following the initiation of counseling services.

Sam and his teachers completed the CORS every other week during the remainder of the school year. Everyone's total score was higher than his or her baseline score on every postcounseling administration. The most dramatic increase in scores occurred on the first postcounseling administration, about 10 days after the first meeting with Sam. Sam's total score increased from a baseline of 25.4 to 34.1. His teacher's score increased from 20.7 to 28.5. His mother's total score also increased, from a baseline of 19.4 to 26.2. Formal discipline referrals decreased from an average of 3.5 per week to 1 per week following the start of counseling. The following comments from the referring teacher support the social validity of his behavioral improvements: "He seems like a different kid. He's a lot more considerate. There's definitely room for improvement, but we get along much better than we used to. He also gets along better with the other students." In summary, information from multiple sources indicated that Sam made noticeable improvements in his school behavior as a result of building on a small but important Monday morning exception.

The Test Anxiety Group

This example demonstrates how to build on exceptions in group counseling. A total of five female students in Grades 10 and 11 participated in a six-session test anxiety group. Solution-focused strategies were used in conjunction with educational and skill-building activities, such as study strategies, test-taking tips, and relaxation exercises.

During the first meeting, students completed a few basic information forms and shared what they wanted from the group. Their goals included improved test performance, better study habits, and less worry and tension before important tests.

The following requests were presented at the beginning of the second session to explore what students were already doing to reach their stated goals—that is, to identify exceptions to their test anxiety problems:

- Tell me about a test within the past month or so that you did a little better on. What subject area was the test in? What was different about this test than other tests? What was different about the way you prepared for the test? What did you do differently right before the test? What did you do differently during the test?
- Think of a recent time when you studied effectively for a test. How did you study for the test? What was different about the way you studied?
- Think about a recent test that you worried a little less about. How did you manage to do that? What does that tell you about yourself?

The details of these exceptions were explored during the second meeting. The students appreciated the opportunity to discuss things that they were already doing to help themselves. One student commented, "I thought I was doing *everything* wrong." Students were also asked to share strategies that they had thought about doing but had not yet tried and strategies that they thought would help them but were not willing to try at the time. At the end of the second meeting, students were given the following exception-finding task: "Between now and our next meeting in 2 weeks, observe and list those things you are already doing to prepare for and take tests that you want to continue doing."

As is often the case when students are asked to consult on their own problems, the strategies that they generated were very similar to established interventions in the professional literature with one main difference—they were crafted from the students' own words and experiences. In subsequent meetings, educational materials on test taking, relaxing, and studying were integrated with the student's language and ideas to enhance the acceptability and relevance of group discussions and skill-building strategies. The last three meetings opened with the following question designed to elicit and explore between-session improvements: "What's better since our last meeting?" Students responded favorably to this question, and each meeting got off to a solution-focused start.

Evaluation data on the students' test performance and grades indicated that the group was successful. Four of the five students increased their overall grade point average, and all five students reported improvements in test-taking skills on a self-report questionnaire. The comments that students made following the group's termination were also encouraging:

- I realized that I had good ideas, even if I wasn't using them all the time.
- It was cool when we rattled off all those ideas, and I used some of them.
- It was good to get ideas from other students for a change, instead of the teacher.
- I started doing better on tests when I did the stuff I said I needed to do.

The Exceptional Quarter

Jeff was referred by his teachers for a psychological evaluation at the end of his fourth-grade year to determine his eligibility for placement in an alternative school for students with behavioral disabilities. Referral concerns included (a) talking out in class loudly, frequently, and without permission; (b) refusal to complete academic assignments; and (c) problems with peer relationships. His mother, teacher, and school principal reported that these problems had occurred throughout the school year but had been particularly evident during the last 2 months of the year.

The following excerpts are from the first interview with Jeff and his mother (Ms. S) a few weeks after the school year ended. At the start of the interview, Jeff said that he wanted to do better in school, but the teachers and principal "made it impossible." The dialogue picks up with the counselor's attempt to elicit an exception to the problem.

> *Counselor:* What kinds of things help you hang in there in school?
>
> *Jeff:* Nothing. Well, maybe the after-school program where we get to play basketball in the gym.
>
> *Counselor:* Mmm. Tell me about that. I'm not familiar with that. [The counselor conveys the ambassador perspective by being curious and requesting Jeff's help in clarifying prior solution attempts and exceptions to the problem.]
>
> *Jeff:* Once a week, any kids that want to can stay after school and play basketball or volleyball.

Jeff's perception of what has worked or might work is an important consideration in developing interventions that will be acceptable to him. A few minutes later, the counselor explores goals by asking the miracle question.

> *Counselor:* If there was a miracle that happened tonight while you were sleeping, and all these school problems just vanished, what would be different when you went into school or when you woke up in the morning? Ms. S, please jump right in, too.
>
> *Ms. S:* He won't holler and scream. He won't mistreat his teachers. He won't mistreat the office staff. And I won't be called up there every other day.
>
> *Counselor:* What else?
>
> *Ms. S:* He'll start participating in school activities, and his grades will be decent. I'm not saying As or Bs, but not straight Fs.

Counselor: So his grades will be certainly better than …?

Ms. S: At least a C average.

Counselor: Jeff, what else will show you that things are going better in school?

Jeff: I don't know.

Counselor: Ms. S, back to your statement of he won't "mistreat" people—can you tell me what that will look like? Give me some examples of that.

The counselor requests a videotalk description to clarify exactly what Jeff's mother means by the phrase won't "mistreat" people. The next excerpt picks up a few minutes later, after Jeff said that he spent a large amount of time in the principal's office instead of in class last year.

Counselor: Which did you like better, being in the office or being in class?

Jeff: Class.

Counselor: Why?

Jeff explained the advantages of being in class instead of the office. Most of his comments pertained to what he did not like about the office instead of what he liked about class. The next excerpt occurs about 20 minutes into the interview, following Jeff's comment that "school doesn't really bother me." This statement stood out from Jeff's overall negative description of school. The counselor followed this lead by asking Jeff what he liked about school.

Counselor: What is it about school that you like?

Jeff: I like math, I like spelling, and I like science.

Counselor: Math, spelling, and science. Of those three, which one do you like the best?

Jeff: Math.

Counselor: What's your favorite thing about it?

The focus of the interview continued to shift from descriptions of the problem and of what Jeff did not like to exceptions and competencies that might be used to help him reach his goal of staying in class more often.

Counselor: Jeff, can you think of a day this year that you stayed in class all day and weren't sent to the office? [This question is designed to elicit an exception.]

Jeff: Yeah. The whole second quarter, when they gave the special award. I made Cs and Bs.

Counselor: How would you explain that?

Jeff: The teacher gave this special award.

Counselor: What kind of award?

The interview proceeded to elaborate the details of the special award and other aspects of this exception, such as the specific things that Jeff did differently during the second quarter to help himself get better grades and stay in class more often. In addition to exploring this exception, Jeff and his mother were asked to make a written list of anything that would help him reach his goal of improving his school behavior. The interview concluded with compliments to Jeff and his mother for their sustained effort and courage in trying to improve things and for making the effort to attend the meeting in the summer.

Examination of school records confirmed Jeff's report of behavioral and academic improvements during the second quarter. Jeff had 43 documented disciplinary infractions during the school year, only one of which occurred during the second quarter. He earned an average grade of C for the second quarter, compared to D for each of the other three quarters.

At the start of the new school year, interventions were developed to encourage Jeff and others to do more of what had already worked during the second quarter exception. Interventions included adaptations of the special award and Jeff's regular participation in the after-school program. Jeff was also encouraged to do some of the other things that he said had helped him do better in school. For instance, he said it was helpful to remind himself that he did not want to repeat a grade in school. Therefore, it was recommended that he remind himself of this on entering the school building each morning. These interventions were implemented in his regular school instead of an alternative placement with the agreement that alternatives would be considered if his progress

during the first quarter of the year was unsatisfactory.

Jeff's grades and behavior were significantly better during the first quarter of the new year compared to the previous year. No disciplinary infractions were recorded during the first 2 months of school, and he earned an average grade of B. His teachers and principal commented that he was "doing great" and that he had made "a major turnaround" in school behavior. Two meetings were held with Jeff during the first quarter of fifth grade for the purpose of empowering and maintaining desired changes, as illustrated in the following excerpt:

> *Counselor:* Things seem to be on track for your goal of passing to the sixth grade. A lot different than last year. What are you doing differently to make this happen? [This question seeks to empower progress by giving Jeff credit for changing and exploring how he did it.]
>
> *Jeff:* Well, I'm doing my work without complaining. I'm listening to the teacher. I'm not smarting off like I used to, because it just gets you in trouble. I'm tired of being in trouble.

The counselor and Jeff further explored how he was able to do work without complaining, listen to the teacher, and not smart off like he used to. They also discussed his plans to continue such efforts. Jeff maintained academic and behavioral improvements throughout the entire year and successfully passed to sixth grade. The following letter was sent at the end of the year to recognize and empower his accomplishments:

> Dear Jeff,
>
> I want to congratulate you on the improvements you have made in school behavior this year. I know it took hard work to make these improvements. I admire the fact that you hung in there and didn't give up during the tough times this year. That takes a lot of courage. Way to go, Jeff!

Jeff was invited to participate in the counselor's Helper Club to provide suggestions for other students who might experience school difficulties similar to the ones that he had overcome. He readily accepted the invitation.

Summary and Conclusions

The idea of building on exceptions is conceptually simple and pragmatic: Find something that works, and have people do more of it. Putting it into practice, however, can be challenging because it requires a shift in the way that many of us have been taught to approach school problems and the people who experience them. Serious problems have an almost hypnotic ability to seize our attention and make it difficult to notice exceptions. Like diamonds in the rough, exceptions fall under the radar and remain unnoticed unless we actively seek them out.

The 5-E method provides a systematic way of building on exceptions by eliciting exceptions, elaborating on exception-related details, expanding exceptions to other situations and to a greater frequency, evaluating the effectiveness of interventions, and empowering progress whenever it occurs. The process of building on exceptions was illustrated in this chapter by real-world examples involving a variety of students and caregivers from elementary through secondary schools, including a discouraged special education teacher (*All I See Is What They're Doing Wrong*), a third-grade student diagnosed with oppositional defiant disorder (*The Monday Morning Exception*), a small group of high school students (*The Test Anxiety Group*), and a fourth grader with serious behavior problems (*The Exceptional Quarter*). The theme of building school solutions from what is right with students is continued in Chapter 7.

Discussion and Practice

1. Pick a current problem in your life and think about a recent time when the problem could have happened but didn't, or was less troublesome than usual. Ask yourself the following questions:
   - What was different about the time the problem didn't happen?
   - What did I (or others) do differently to prevent it from happening or reduce its impact?
   - What else was different?
   - What can I do to make this happen more often? What else would increase the likelihood of more exceptions to the problem?
2. When discussing a school problem during your next counseling or consultation session, (a) ask the client to describe times when the problem doesn't happen or when it is less noticeable, and (b) invite clients to elaborate on the details of exceptions by asking questions similar to those in Item 1 above.
3. To practice eliciting exceptions, incorporate at least one of the following strategies into your work with a student:
   - Look for exceptions in school records.
   - Listen for exceptions in the student's language.
   - Ask for exceptions using questions, tasks, rating scales, or visual diagrams.
4. Pick a partner and take turns assuming the roles of client and counselor, where the client presents a concern or problem and the counselor completes the first three steps of the 5-E method of building on exceptions: eliciting, elaborating, and expanding.
5. Select a partner to practice strategies for empowering desired change (the last step in the 5-E method). Have a partner report desired changes in a problem, then practice (a) giving credit to the client by using questions and comments that attribute the changes to the client's efforts and actions, (b) exploring plans to continue improving, (c) exploring the personal and social impact of the changes, and (d) asking the client's advice on helping others make similar changes. Switch roles and repeat the exercise.
6. Write a short letter to someone who has recently made a positive change. This could be a client, a relative, or a friend. Make sure to incorporate two or more of the following elements from the chapter's discussion of letters and documents: acknowledgment of change, compliments, curiosity, giving credit, and advising others.
7. List and discuss what you see as two major challenges to building on exceptions in schools, along with strategies for addressing each challenge.
8. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 7

Building on Student Resources

Chapter Objectives

- To highlight the benefits of building on student resources to resolve school problems
- To describe the process of discovering and applying resources to school problems and solutions
- To illustrate the strategy of building on resources with a variety of students and school problems

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Use what the client offers.

—Milton Erickson

Of Milton Erickson's many contributions to the counseling profession, his use of client resources tops the list. Just as Erickson believed that every client offered a unique set of solution-building resources, we can approach every student and caregiver as a resourceful contributor to school solutions. Rather than viewing clients as lacking the ability or resources to bring about change, we can help them build solutions from what they are already doing (exceptions) and already have (resources). This chapter describes practical strategies for building school solutions from a variety of indigenous, naturally occurring resources in the lives of students.

Among the many possible resources that can be applied toward resolving school problems, I have found the following ones to be accessible and applicable to most students:

- *Heroes and influential people* (parents, grandparents, siblings, friends, actors, musicians, athletes, cartoon characters, and any other real or fictional heroes that students look up to and respect)
- *Resilience and coping* (students' abilities to withstand and cope with life's challenges and adversities, including the school problem)
- *Values and beliefs* (students' deeply held values, beliefs, and worldviews)
- *Special interests, talents, and hobbies* (cooking, sports, movies, music, knitting, being a good listener, mechanical skills)
- *Previous successes and solution attempts* (wisdom gained from the resolution of previous problems and from prior attempts to resolve the current school problem)
- *Ideas, opinions, and theories* (students' thoughts about how change occurs in their lives and about how to address the current school problem)
- *Community support systems* (places of worship, social service agencies, neighborhood groups, youth recreation clubs)

Building on student resources is supported by a growing body of research on the benefits of incorporating as much of the client as possible in the change process (Bohart & Wade, 2013; Duncan, 2014; Gassman & Grawe, 2006). Because every student offers a unique set of resources, resource-based interventions are constructed one student at a time with no preconceived notions about what they should look like. You are not likely to find them in intervention manuals or lists of evidence-supported treatments because (a) they cannot be selected or developed before meeting the student, (b) they evolve from the student–practitioner relationship and are often formulated on the spot in collaboration with the student, and (c) they are based completely on material supplied by the student—which is why they work so well.

Building on student resources offers other benefits as well. First, conversations about resources grab the attention of students because they focus on indigenous, effective, highly personal aspects of their lives—a welcome relief from more-of-the-same problem-based discussions that they typically have with school personnel. Second, resource-based conversations convey faith in students' ability to make important changes at school by using qualities and strengths that they already possess. Third, building on resources also honors students' cultural, familial, and community heritage by using students' unique values and beliefs, life experiences, family and community members, and important institutions in their lives. Finally, resource-based interventions enhance the likelihood

that school improvements that result from them will be maintained because these resources are an ongoing and natural part of students' lives—they were there long before we arrived, and they will be there after we leave. These features contribute to the natural validity of resource-based interventions and increase the likelihood that students will continue implementing them after formal services end.

The Process of Building on Resources

I am more and more convinced that our great problem is taking advantage of what we've got.

—Thomas Merton

The process of building on resources is like that of building on exceptions—first you find them, then you apply them. As with exceptions, we can discover resources by looking, listening, and asking for them. Once discovered, we can work with students and others to explore how these resources could be applied toward school solutions.

Finding Resources

The process of building on resources begins with the identification of strengths, social supports, and other potentially useful resources in the lives of students. The following strategies are helpful in discovering student resources.

Look

Student resources can sometimes be found in school records, reports, and other documents. For example, school files typically include basic information such as the student's home address, names of family members, and extracurricular activities. Some teachers ask students and parents to complete a short survey during the first week of class to learn about students' history, cultural background, hobbies, and life experiences. The information from these surveys not only alerts us to resources that can be incorporated into school interventions, but also helps us build alliances during the early stages of counseling with students ("How did you get into skateboarding?"). We can also look for student resources in psychological evaluation reports, referral forms, and other school-related documents.

Listen

Counselors can pick up on potentially useful resources by listening closely for any signs of strength, interest, or excitement on the part of the student. The importance of listening for resources is illustrated in the example of Ben, a fourth grader referred by his teachers because of classroom misbehavior. Behavior problems were especially noticeable during the two classes following lunch. In the midst of discussing the problem, Ben commented that he would do much better in school if he were allowed to play baseball for a few minutes between classes. We spent the next few minutes discussing Ben's love of baseball. He was a serious baseball fan who knew the names, positions, and batting averages of key players on the city's major league baseball team. It was clear from his comments that baseball was an important part of his life. I will return to Ben shortly to illustrate the process of applying students' resources to school solutions.

Ask

Students typically do not volunteer information about their strengths and resources unless they are asked about them. The following questions help to identify various natural resources in the lives of students:

- Who helps you the most when you have a problem? What do they do that is most helpful?
- How have you managed to cope with this problem day in and day out?
- How have you kept things from getting worse?
- What do you enjoy doing outside of school?
- How have you handled similar challenges in your life?
- Of all the people in your life, who do you look up to and respect the most? What would he or she advise you to do about this problem?
- What do you think might help turn things around at school?

These are just a few examples of questions that school practitioners can use to discover students' internal and external resources. When working with younger children or students with cognitive and

language challenges, we can ask their parents and guardians similar resource-finding questions.

Applying Resources to School Solutions

Once we identify student resources, we can explore how one or more of them might be applied to school problems and solutions. Recall the earlier example of Ben, the fourth-grade student who loved baseball. After a few minutes of general baseball talk, we explored similarities between the challenges of school and the challenges of baseball. For example, we talked about how long the baseball season is and how important it is to not let a few bad games ruin the entire season. Ben agreed to try a baseball experiment at school that involved "stepping up to the plate every day" and doing his best, knowing that he would "strike out" sometimes and have bad days. Ben improved his classroom behavior over the next 2 weeks, and his teacher commented on his impressive turnaround.

Like other resource-based interventions, Ben's baseball experiment emerged completely from material supplied by the student. As a result, he was able to get behind the intervention and do his best to make it work. Because every student offers a unique set of resources, the range of resource-based interventions is unlimited. Resource-based conversations and interventions engage the student's attention and energy because they are focused directly on the most important people, ideas, activities, and events in the student's life. This is why counselors and clients find the process of building on resources to be so enjoyable and effective.

Examples of Building on Resources

A community can use all the skills of its people.

—Maori proverb

The remainder of the chapter illustrates the strategy of building on client resources with a variety of students and school problems, beginning with a provocative situation involving a first grader.

Mrs. T, the Sunday School Teacher

Anthony, age 6, was referred by his first-grade teacher (Ms. Rodriguez) and principal (Mr. Thompson) for "giving the finger" to students and adults at school. The behavior had steadily increased over the course of 2 or 3 months and had become progressively more disturbing to the teacher, students, and others at the school. Previous interventions included the following:

- Numerous individual meetings between Anthony and his teacher, and between him and the school principal, aimed at determining why he was doing this and getting through to him about the seriousness of the behavior
- Home–school conferences that included Anthony's mother, teacher, and school principal
- Behavior modification programs involving response cost (e.g., loss of free time, extra work, after-school detention), restitution (requiring Anthony to apologize to others and say something nice to make up for the impolite gesture), and incentives for the absence of problem behavior (increased computer time and other special privileges)
- Functional behavioral assessment aimed at identifying the purpose or function of the behavior for Anthony (e.g., to obtain attention) and developing interventions accordingly (e.g., providing extra attention for positive behavior and ignoring problem behavior)

All of these strategies were logical and reasonable, yet none were effective in changing Anthony's behavior. The problem continued to grow at a steady rate. I asked Ms. Rodriguez and other school personnel to keep a tally of the problem behavior every day for 1 week. This resulted in an average rate of 113 gestures per day, with a range of 73 to 134. This had clearly become a strong behavioral habit with a number of unfavorable consequences for Anthony.

Everyone involved was very puzzled and frustrated because the behavior occurred without warning or provocation in the classroom, lunchroom, and other places at school. It was also intriguing that the gesture was not accompanied by any other form of verbal or physical aggression. Aside from this problem, Anthony's overall school behavior was generally acceptable.

Having listened to Anthony's mother, teacher, and school principal describe their futile efforts to change the behavior, I was determined to try something different but had no idea what that might be. After introductions and small talk, here is what happened in our first meeting.

Counselor: Anthony, I know a lot of people have talked to you about the finger stuff. They seem to really care and want you to do well at school. I want to know what you want to be different at school.

Anthony: I told my mom I don't want to get in trouble and lose recess. I try to stop but it just happens. They don't understand.

Counselor: Who doesn't understand?

Anthony: My mom, Ms. Rodriguez, Mr. Thompson, all of them.

Counselor: Of all the people at school or home, who understands you better than anyone?

Anthony: Mrs. T.

Counselor: Who is Mrs. T?

Anthony: Her name is Mrs. Thomas, but everyone calls her Mrs. T. She's my Sunday school teacher.

Counselor: That's interesting. Do you like Sunday school?

Anthony: [*nods yes*]

Counselor: How do you know that Mrs. T understands you? What does she do that tells you she understands you?

Anthony: I don't know. She's just real nice.

Counselor: How do you behave in Sunday school with Mrs. T?

Anthony: I'm real good.

Counselor: Do you do the finger thing there?

Anthony: No.

Counselor: That's interesting. How do you resist the urge to do the finger at Sunday school? [This question credits Anthony for successful behavior at Sunday school, implies that he is capable of controlling the behavior, and invites him to reflect on how he does it.]

Anthony: I don't know, I just do it.

Counselor: Wow. That's really interesting to me. Are you going to Sunday school this weekend?

Anthony: I go every week.

Counselor: Okay. Do you want to try a little experiment this week?

Anthony: [*nods yes*]

Counselor: Okay. When you go to Sunday school this week, pay attention to how you control the finger at Sunday school instead of letting it control you like it does at school. Okay?

Anthony: Yes.

Counselor: Do you have ideas right now about how you are able to do this in Sunday school?

Anthony: [*shakes head no*]

Counselor: Well, I look forward to what you learn as you observe how you do this.

When I met with Anthony 1 week later, the rate of problem behavior at school had not changed. When asked how he controlled finger raising at Sunday school, Anthony shrugged his shoulders and said, "I don't know." I was quickly catching up with the others in my bewilderment about the whole situation. Anthony was a polite, intelligent child who had picked up a habit that was isolating him from others and stigmatizing him as "a strange kid." I felt an urgency to keep plugging away in the hopes of stumbling on something that would make a difference. I met with Anthony later that week to follow up on his earlier comments about Mrs. Thomas.

Counselor: Remember when you told me that Mrs. T is really nice and that she understands you?

Anthony: Yes.

Counselor: It sounds like you really like her and respect her.

Anthony: [*nods yes*]

Counselor: Have you ever talked to her about the finger thing at school?

Anthony: No.

Counselor: Do you know if anyone else has?

Anthony: [*shrugs shoulders*] I don't know. I don't think so.

Counselor: Would you be willing to talk to her, since she understands you better than anyone?

Anthony: [*shrugs shoulders*] I don't know.

Counselor: Would it be okay with you if I talked with her about this and asked if she could join our team to help you take control of this problem at school?

Anthony: [*nods yes*]

Counselor: That's good, because she sounds like someone we need on the team right now.

After obtaining parental consent, I contacted Mrs. Thomas by phone and learned that she had known Anthony since he was a baby and had been his Sunday school teacher for the past 3 years. She was shocked on hearing about Anthony's problem behavior at school and vowed to do whatever she could to help him. This delightful older woman spoke about Anthony as if he were one of her own children. It was immediately evident that Mrs. Thomas was a highly influential person in

Anthony's life who might serve as a valuable resource in changing the problem. As we concluded our conversation, Mrs. Thomas told me that she would try to see Anthony that evening or the next day.

When I arrived at school a few days later, Anthony's teacher saw me come in the building and practically sprinted down the hallway to tell me how good Anthony had been at school. When asked for details, Ms. Rodriguez said that he had not raised his middle finger one single time for the past 3 days at school. Anthony's dramatic turnaround started the day after my conversation with Mrs. Thomas. I complimented Ms. Rodriguez for her caring and ongoing commitment to Anthony's school success and went straight to my office to call Mrs. Thomas.

It turns out that Mrs. Thomas visited Anthony the very same evening we spoke. She wasted no time getting to the point and telling Anthony, in no uncertain terms, how shocked and saddened she was by his behavior. She explained that his behavior was an unacceptable way to represent himself, his church, and his family. Mrs. Thomas told me that she was holding his face in her hands as she spoke with him and that he was very attentive throughout her short but powerful message. She told Anthony that she expected this behavior to end right now and concluded by asking, "Do you understand what I'm saying to you?" With teary and wide-open eyes, Anthony nodded yes and collapsed in her arms.

This was one of the most dramatic behavioral changes I have ever witnessed. Anthony's problem behavior decreased from an average of 113 incidents per day to 0 and remained there the rest of the year. This was a remarkable accomplishment for Anthony and a testimony to the power of heroes and influential people in the lives of students. I have never seen the firm but gentle Sunday school teacher intervention in any counseling and therapy books. Like most resource-based interventions, this one was entirely unique to this client at this point in time. When I took Anthony's lead about an important resource in his life, a problem that had thoroughly stumped several professionals was resolved by the timely input of a grandmotherly Sunday school teacher. Mrs. T is one of many potential heroes of intervention who are there for the asking in our work with students and school problems.

Resilience, Faith, and Francesca

Francesca, a 16-year-old student referred by her teachers because she had reportedly "shut down and given up on school," had recently mentioned dropping out of school (Murphy, 2013). Francesca was in a special education program for students with cognitive limitations and had done reasonably well up to this point in the school year. She slowly entered the counselor's office, sat down in a chair, and stared at the floor.

As the counselor told Francesca about her teachers' concerns, she put her face in her hands and quietly sobbed. After a couple minutes of silence, Francesca said, "I can't take it anymore. I'm tired of it." It turns out that she was a frequent target of teasing and cruel comments by some of her peers. Francesca was understandably hurt and frustrated by the steady barrage of insults, and she responded by either yelling obscenities or withdrawing from peers altogether. The withdrawal had become more prevalent in recent weeks. She even slept in some classes to avoid contact with anyone. Dropping out, both mentally and physically, seemed like a good solution to her.

The counselor decided to search for resilience and resources by asking Francesca how she had managed to cope with the teasing and other challenges she faced at school. Francesca perked up a little as she described coping methods that included talking to her best friend, listening to music, and praying. Of all these resources, she became most enthused when she discussed her belief in God and prayer. The conversation continued in the following way:

Counselor: It sounds like your faith in God and prayer is very important to you.

Francesca: God is always there to watch over me.

Counselor: And it helps you to know that God is always there for you?

Francesca: It helps me a lot.

Counselor: How does it help you?

Francesca: It's just good to know that God is there no matter what.

Counselor: So you know that God is there to help you no matter what happens?

Francesca: Yes.

Counselor: You said before that it helps you to pray when things are not going well or when things are bothering you. Have you prayed about the stuff that's been bothering you in school?

Francesca: [*pauses*] I've prayed some, but I should probably do more.

Counselor: I'm not telling you what to do. I was just wondering.

Francesca: No, I need to pray and ask God to help me. My mom tells me I have to be in school, but it's hard with some of these people.

Counselor: It sounds really hard. No wonder you've thought about giving up from time to time. But you haven't given up, which makes me wonder how you've been able to handle this for so long.

The counselor and Francesca discussed her strengths and resilience for a few minutes, along with some specific strategies for responding to teasing. Although she did not want to tattle on other students, Francesca agreed to join the practitioner in a conference with her teachers to tell them about the teasing. The following dialogue occurred at the end of the meeting with Francesca:

Counselor: We've talked about a lot of things here. I've learned a lot about who you are and what helps you hang in there instead of giving up. You're a strong person with a strong faith in God. With everything you've been through, you're still here trying to better yourself and learn as much as you can. That's very impressive, Francesca.

Francesca: My mom always tells me that I can do anything with God's help. I know God wants me to be the best person I can be. If I learn a lot then maybe I can help other people when I get older.

Counselor: With all you've been through, you're still thinking about other people. You're an amazing person, Francesca. Thanks for meeting with me this morning. If it's okay with you, I'll contact your teachers and we'll set up a time for all of us to meet together like we talked about earlier. How does that sound?

Francesca: Good.

When Francesca and the counselor met with her teachers the next day, they assured her that they would address the teasing problem in a manner that would not implicate her as a tattler. Francesca was relieved and visibly moved by their support. She returned a week later to inform the counselor that one student still teased her, but not as often as before. She went on to say that she prayed hard for the strength to handle things at school and that she felt better equipped to do so. Her teachers reported that she was more responsive during class and "more like her old self" again.

Francesca's story illustrates how students' values and beliefs can serve as practical resources in addressing school behavior problems. Every student has values that are there for the asking. Helping students to link their school performance and behavior with deeply held values and beliefs can increase their motivation, accountability, and involvement in building solutions. As is the case with other resource-based interventions, the counselor did not give Francesca anything that she did not already have. Sometimes all it takes is a reminder of what is already there and the encouragement to reconnect with and apply these indigenous resources to the problem at hand.

The Pillow Brigade

One of my favorite examples of applying the client's ideas toward solutions involves Molly, a precocious and outspoken 10-year-old who was referred to my colleague Barry Duncan for nightmares, reluctance to sleep in her own room, and school avoidance (Murphy & Duncan, 2007). Barry was Molly's third therapist in less than a year. She had been diagnosed with separation anxiety disorder, was taking anxiety medication (Imipramine), and was receiving therapy aimed at reducing anxiety and improving her self-esteem and social skills. Despite the failure of Molly's previous experiences with therapy, her mother scheduled an appointment to see a third practitioner in a desperate attempt to help her daughter. Something very different happened when Molly was asked for her ideas and opinions during the first counseling session.

Counselor: I have read the reports of your other doctors and counselors, so I already know what they think. Before I ask you anything else, I want to know what *you* think might help make things better.

Molly: You're asking me? Now that's a first.

Molly was surprised and pleased that someone had finally asked for her opinion. After some discussion, she suggested that she could barricade herself in her bed with pillows and several stuffed animals to ward off nightmares and fears. Details of the plan were discussed, including which particular animals would be used and how Molly would explain it to her mother. The following exchange occurred at the start of the second meeting:

Counselor: How is it going?

Molly: Just fine. I'm sleeping in my own room.

Counselor: That's great.

Molly: Counselors just don't understand that you also have the solutions for yourself, but they say, "Let's try this and let's try that," and they're not helping. You know, you're like, "I don't really want to do that." Your asking me what I wanted to do with my room got me back in my room. So what I'm saying to all psychiatrists is we have the answers, we just need someone to help us bring them to the front of our head. It's like they're locked in an attic or something. It's a lot better when you ask a person what they want to do.

Later in the session, Molly talked about what it was like to implement her own ideas instead of being told what to do by the practitioner.

Molly: I feel a lot better now that I came up with the solution to sleep in my own room, and I did it, and I'm proud of myself. And I couldn't be proud of myself if you told me, "How about if you barricade yourself in with pillows, maybe that'll work." I wouldn't feel like I've done it, so basically what I'm saying is, you don't get as much joy out of doing something when somebody told you to do it because you want to be proud of it.... My other counselors never asked me what I wanted to work on. They asked me questions about the subjects that I don't really want to answer. They'd say, "Do this" and "Do that." It didn't help. I didn't want to do it. They weren't my ideas. They didn't seem right. Well, like my other counselor said, "Let's try this for 5 minutes, then go for 10 minutes, then 15, then go for the whole night." I did it once and I decided, "This isn't helping!" I did it for 5 minutes but not 10, and then I didn't do it for 15, and then I didn't do it for half an hour. I didn't want to do that thing, so I basically ignored it. . . . Shouldn't I be telling you what I think about this? I mean, you're not here to tell me my life or anything. I should come in and tell the person, "This is what's happening with this situation," and they [the counselors] are saying, "Your mom tells me you're doing such and such a thing," and then there's more stuff and, like, when did I start having problems with that? And you come in there to talk to a person, to get them [problems] out of your system and get them worked on. Instead of she [the counselor] telling or he telling you what he thinks has happened, "Your dad's doing this, your grandfather's doing this," it's not really helping because you're sitting there going, "Uh-huh, uh-huh," and that's why I usually dreaded going to therapy. It never worked, it never helped. She [the counselor] sat down, and she starts talking. I'm sitting there going [*demonstrates her posture, looking down*]. She talked the whole hour and I barely got a sentence in!

Counselor: She did not take you seriously.

Molly: No!

Molly felt discounted and ignored by her previous counselors, who focused on self-esteem, social skills, and other goals that they deemed to be more important than Molly's goal of sleeping in her own room without the nightmares. The third counselor engaged Molly's interest and involvement by (a) accepting her goal of getting out of her mother's room instead of ignoring or challenging it, (b) requesting her ideas and opinions, (c) collaborating with Molly to design an intervention based directly on her ideas, (d) acknowledging her ingenuity and contributions, and (e) validating her experience of not being taken seriously.

When provided the opportunity to participate in her own care, Molly came through in grand style. Although students do not always provide such dramatic and immediate solutions, we have nothing to lose and everything to gain by asking for their opinions. Even when they say, "I don't know," asking for their input enhances outcomes by strengthening the therapeutic alliance, increasing client involvement, and conveying respect for their wisdom and experience.

Although many aspects of this example are unique to Molly and her situation, Molly is typical of most young people who simultaneously hold a desire to change and a natural tendency to stand their ground and protect themselves when counseling strategies threaten their dignity or challenge their opinions and preferences. As illustrated with Molly, honoring students' ideas allows them to accept help from others and to change with dignity.

Dorothy's Advice

Bridgette was referred by several ninth-grade teachers for "mouthing off" during class and completing only about half of her school assignments. Her teachers said that she was capable of doing decent work but only applied herself when she felt like it. Bridgette was suspended from school for 3 days during the previous month and was very close to being suspended again when I met with her. She had attended several elementary schools and experienced discipline problems at all of them. Previous solution attempts involved trying to find out why she misbehaved and lecturing her about the connection between her misbehavior and after-school detention, suspension, and other undesirable consequences.

Within the opening minutes of the first interview, Bridgette said that she hated school and was tired of schoolwork. We dropped the subject of school and began talking about hobbies. I discovered that Bridgette loved watching old movies with her mother on Sunday afternoons. Her favorite movie was *The Wizard of Oz*. I told her it was one of my favorites as well and asked her what she liked best about it. Bridgette described how Dorothy, the main character, "always looked ahead at how things would be better" instead of "moping around" about being away from home. She added that Dorothy "didn't let anything stop her." Here is what happened next:

Counselor: Do you ever feel like Dorothy, with all these problems happening at school?

Bridgette: All the time. [*laughs*]

Counselor: You get over one problem in one class, and then something else happens in another class to set you back.

Bridgette: Exactly.

Counselor: This might seem like a weird question, but how do you think Dorothy would handle this school stuff that you're dealing with?

Bridgette: I don't know. I guess she would say, "Don't let it get you down," or something like that.

Counselor: What other words or advice would Dorothy have for you?

Bridgette: She would say, "Don't let them get you down or stop you."

Counselor: Stop you from what?

Bridgette: From getting through school, I guess.

Counselor: Do you want to get through school?

Bridgette: Yes.

Counselor: Why? What's so important about getting through school?

Bridgette: Graduating, because if you don't graduate you'll end up on the street. You don't have any money, no job, stuff like that. Who would want that?

Counselor: Well, some people don't seem to care whether or not they graduate. But you're saying that you do, right?

Bridgette: Yes. I want to graduate and get a decent job so I can have a decent life.

Counselor: So Dorothy would say, "Don't let anybody or anything stop you from your goal of graduating," huh?

Bridgette: Yes. She didn't let anything stop her. She just kept going.

Counselor: What are some things you could do to follow Dorothy's advice about not letting anything stop you from graduating?

Bridgette: Well, I guess I could shut up more in class.

Counselor: I'll bet that's going to be really hard. Especially since you're used to doing it a lot.

Bridgette: Yeah, it will be hard. Especially in some classes.

The conversation continued to explore how Bridgette might apply Dorothy's advice, including asking her mother for help with difficult homework and sitting closer to the front of the room in a couple of classes. We discussed how difficult it would be for Bridgette to ask the teacher about changing her seat, given how important it was for her to be seen as "independent and tough." Toughness and self-

reliance were a big part of her familial and cultural environment. I suggested that "perhaps it is actually tougher to have the courage to try and change something than to wimp out and expect others to change things for you." Bridgette agreed to approach one or two of her teachers to request a seating change. Before the session ended, we role-played a few situations in which Bridgette approached the teacher (me) and asked about sitting closer to the front.

Bridgette implemented Dorothy's advice, and her school performance progressed steadily over the next few months. School attendance improved by about 60% during the following 2 months. Bridgette was not suspended during those 2 months and received only 4 days of after-school detention compared to 13 days of detention during the 2 months prior to our meeting. She also brought her grades up in two classes, from an F to a D in one class and from a D to a B in the other.

Bridgette had already heard the standard reasons why she should change—to avoid suspension, get better grades, graduate, and so forth. A different approach was needed. Exploring her interest in movies engaged her attention and conveyed the notion that this session was going to be different from previous discussions. If I had told her to change her behavior and ask her teachers about sitting closer, I doubt that she would have cooperated. When it comes to cooperation, I believe that you get what you give. If we want clients to cooperate with us, then we need to cooperate with them. One way to cooperate is to discuss topics that are important to them, such as their unique interests, hobbies, and talents.

This example illustrates how solutions can evolve from client resources that may initially appear to be remote and unrelated to the problem. These resources remain hidden unless we listen and ask for them. As seen with Bridgette and others in this chapter, client resources often provide the material and direction for customized interventions that are tailored to the unique style and interest of the student, which explains why *Wizard of Oz* interventions are not routinely covered in graduate training programs!

Consulting Camus

Dwayne, an intellectually gifted 12th-grade student, was referred in early March because he had not completed certain assignments required for graduation. No one questioned his ability to do the work, and his teachers felt that they had exhausted all attempts to reason with Dwayne about the importance of completing the required work. Teachers and administrators were very concerned, as was Dwayne's mother, who thought that Dwayne might need to be referred to a psychiatrist to "find out what was going on with him."

The major theme of attempted solutions was to convince Dwayne that he simply needed to turn in the required papers, even if the quality was mediocre. As logical as these attempts were, they did not work with Dwayne, and something different was required. The following dialogue occurred in the opening moments of the first interview:

> *Counselor:* It would help me to ask you a few quick questions to get a better handle on this thing. You know a lot more about this than I do, so I need your help in filling me in on what's going on with this graduation thing, and required papers, and so forth. Okay?
>
> *Dwayne:* Okay.
>
> *Counselor:* Thanks. First off, do you want to graduate, or is this just something everybody else thinks you should do?
>
> *Dwayne:* I definitely want to graduate.
>
> *Counselor:* Why?
>
> *Dwayne:* I want to go to college.
>
> *Counselor:* And graduation is the ticket to college, right?
>
> *Dwayne:* Right.
>
> *Counselor:* Okay. Thanks. That helps me, because before we start talking about stuff, I want to make sure I know what you want out of this whole thing. So, exactly what do you need to do to graduate?
>
> *Dwayne:* There are some required papers. It's not required that you get good grades, just that you turn them in. They're all overdue. The most important one is the 4,000-word essay. My essay is on comparing Camus's *The Stranger* to Hemingway's *The Old Man and the Sea*. I've got

an A in that course. I've just got to write it and turn it in.

During the next few minutes, Dwayne shared the idea that he did not want to "just turn it in" for the sake of the grade.

Counselor: Do you think that once you get into this stuff and you get to know these ideas so well, that it's sort of ridiculous to have to write them up for someone else?

Dwayne: Exactly. I made a mistake to write about Camus because he's my personal hero.

As he discussed the writings of Albert Camus, it was clear that Dwayne greatly respected the ideas of this existential philosopher. Next, Dwayne discussed the essay assignment that had become the focal point of teacher concerns.

Dwayne: I've got plenty of notes on the essay right now.

Counselor: Interesting. And yet you haven't written it.

Next, I explored the possibility of a connection between Dwayne's choice not to complete the essay and his respect for Camus and existentialism. I framed this possibility as a dilemma.

Counselor: I can appreciate the dilemma you have about Camus in that it's easier to write about something you don't care that much about or don't know much about.

Dwayne: That's it. I wouldn't want to cut out things that I thought were important if it came to that, because he's one of my personal heroes.

Counselor: Yeah.

Dwayne: The counselors told me that I'm too perfectionistic. I *want* to do it perfectly. I don't want to turn in something that's not good. I know it just has to be there for me to get credit. It doesn't have to make sense. It just has to be 4,000 words.

Counselor: Now, this question might sound bizarre. Do you actually dialogue with Camus in your own head? Have you had dynamic conversations with Camus, imagining what you would say and what he would say?

Dwayne: Lots of times.

Counselor: Maybe this whole paper issue would be something you could talk with him about and see what emerges. See what kind of feedback he might give you with this dilemma. It seems to me that you would respect his opinion more than anybody else's right now.

Dwayne: [*laughs and nods head yes*]

Clients usually provide various nonverbal indicators of their acceptance or rejection of an idea, including nodding their head, raising their eyebrows, and leaning forward. Dwayne's verbal and nonverbal responses were very positive, and I continued to explore the idea with him.

Counselor: You've already had some experience in dialoguing with Camus. What do you think he might say?

Dwayne: Hmmm [*pauses for several seconds*]. I think he'd say do it and that it doesn't have to be a masterpiece.

Counselor: So he would understand your dilemma?

Dwayne: Yes. Camus always talked about how there's a need for discipline in life, but there's also a need to break off from discipline at times. I guess this would be a time to have discipline in my life.

Counselor: Interesting. So he would be okay with you not including everything you know about him, as long as you did it for discipline's sake?

Dwayne: Yes. Especially when you weigh all the possible benefits I could get out of it compared to the discomfort it would cause if I didn't do it.

Counselor: Is he pretty pragmatic about some of those benefits?

Dwayne: Yes.

Counselor: What other advice do you think Camus would offer about this dilemma you're facing?

Dwayne: Just do it.

Counselor: Interesting.

The session ended with me encouraging Dwayne to consider other advice that Camus would offer and decide how to respond. To avoid repeating previous solutions, I made no mention of the essay and other assignments. Given the opportunity to reflect on his dilemma without having to defend himself, Dwayne decided to take Camus's advice and "just do it." He completed the essay within 3 weeks, although he waited on some of the other assignments until a week or so before graduation. I sent Dwayne a congratulatory letter and award to recognize his completion of graduation requirements (see Exhibits 7.1 and 7.2). My experience with Dwayne serves as a constant reminder of the power and influence of people's natural resources—resources that are always there for the asking.

Exhibit 7.1

Congratulatory Letter to Dwayne

Dear Dwayne,

I want to congratulate you for finishing several key tasks associated with completing your school program and graduating. I know how difficult this was, and I am impressed with the discipline you showed in dealing with this dilemma. I suspect that Camus would be pleased with the practical strategy you adopted to bite the bullet and "just do it" so that you can move on to other life adventures. Please accept the enclosed Bite the Bullet Award as recognition of your existential accomplishment. Best wishes in the journey ahead.

Sincerely,

John M.

• • •

Exhibit 7.2

Sample Award for Dwayne

Bite the Bullet Award

This is to recognize the existential accomplishment of

Dwayne M.

for a pragmatic display of discipline in "biting the bullet" and completing the assignments required for graduation.

School Counselor

• • •

Success Stories: A Schoolwide Program for Recognizing Students' Resilience and Resources

This section describes a schoolwide program designed to recognize and empower the resources, resilience, and positive changes of students in an elementary school. Videotaped interviews were conducted with students who made major academic or behavioral improvements during the school year, and their responses were recorded in a documentary titled *Success Stories*.

The Success Stories program was initiated for the following reasons:

- To formally recognize and empower students' improvements and successes
- To implement a schoolwide program featuring students as consultants
- To provide encouragement for school staff, parents, and students by focusing on stories of hope and victory
- To create a local video that would serve as a source of future ideas and encouragement for students and school personnel

In early May, a note was sent to every kindergarten through sixth-grade teacher in the building to explain the program and obtain the names of two students per class who had made noticeable improvements in behavior or academics during the school year. After formal consent was obtained from the students and their parents, each student was interviewed individually on videotape. Interviews lasted about 10 minutes and involved the following questions:

- How did you improve your grades/behavior?
- How have things been different for you at home and school since you made these changes?
- What helped you keep plugging and hanging in there instead of giving up when things got tough?
- If other students asked for tips on improving their grades/behavior, what would you tell them?

The following excerpt is taken from a portion of the interview with Latoya, a third-grade student who raised her grades from a D average to a B average. This dialogue explores the personal and social impact of these improvements for Latoya.

> *Interviewer:* Do the teachers treat you any differently now with better grades than they did when your grades were lower?
>
> *Latoya:* Yes. Better.
>
> *Interviewer:* How?
>
> *Latoya:* When I had bad grades, they really didn't help me because I really didn't want to do the work, but now they're starting to help me.
>
> *Interviewer:* So the more they see that you want to do the work, the more willing they are to spend the time to help you?
>
> *Latoya:* Yes.
>
> *Interviewer:* Okay. Are there any other changes in the way that you're treated, either at home or school, now that your grades are better?
>
> *Latoya:* My parents gave me money.
>
> *Interviewer:* Whoa! They gave you money.
>
> *Latoya:* Yes. They said I was doing a lot better and getting better grades, so they gave me $5. And they're nicer now.
>
> *Interviewer:* Wow. Let me see if I understand all this. You made these big changes in school and brought your grades up. Now your teachers treat you better and help you more, your parents gave you money, and you're getting along better with your parents and your teachers. Is that what you're telling me here, Latoya?
>
> *Latoya:* [*smiling*] That's right.
>
> *Interviewer:* Wow. Are there any other changes in the way that you're treated, either at home or

school, now that your grades are better?

Latoya: I used to get a lot of detentions, but now that I'm not hanging around my old friends, I haven't gotten a lot of detentions.

Interviewer: Do your old friends still try to get you to hang around with them?

Latoya: Yes.

Interviewer: I imagine it's hard to resist the temptation. Probably hard to say no sometimes, isn't it?

Latoya: Yes.

Interviewer: How do you manage to do that?

Latoya: I just walk away.

Interviewer: Okay. Latoya, what have you learned about yourself in all this? What has this taught you?

Latoya: To be good in school.

Interviewer: What else?

Latoya: You can change yourself if you really want to. You don't have to do what other kids do just because they're doing it. You need to do what you're supposed to do so you don't get in trouble and you can hear what the teacher says and get better grades.

Interviewer: That's a lot of good advice, Latoya. Sounds like you've learned a lot about yourself and about making things better at school. What other advice would you give students to help them improve their schoolwork like you did?

Latoya: Volunteer more. Answer questions in class.

Interviewer: What else?

Latoya: Don't try to be a teacher's pet, because it will probably annoy them.

Interviewer: Sounds like good advice, Latoya. I sure learned a lot from you, and I appreciate you talking with me about it.

All of the students seemed to enjoy and appreciate the opportunity to share their wisdom and resources with others. Several students indicated that the interview gave them a better understanding of how they had changed their schoolwork and behavior, and how these improvements made life better in several ways. A few teachers commented that the program improved their attitude by calling their attention to success stories within their classroom—a much-needed shot of encouragement during the waning days of the school year.

The *Success Stories* video remains on file at the school for use by school staff, parents, and other students as a source of ideas for improving grades and behavior. The tape also serves as a reminder that heroic success stories are occurring at every school in every classroom at any given point in time.

Summary and Conclusions

Building on resources is based on the practical idea that it is more effective to develop solutions from what is already available to students than it is to impose practitioner-driven interventions or to start from scratch by trying to create new behaviors or dispositions. Every student offers resources that will go unnoticed unless we look, listen, and ask for them.

The process of building on resources was illustrated in this chapter by real-world examples involving the following clients: a first grader with a provocative behavior problem (*Mrs. T, the Sunday School Teacher*), a discouraged high school student in a special education program (*Resilience, Faith, and Francesca*), a precocious 10-year-old who came through in grand style when asked for her input (*The Pillow Brigade*), a ninth-grade movie buff with academic and behavior problems (*Dorothy's Advice*), an intellectually gifted secondary student (*Consulting Camus*), and an elementary school program that highlighted students' successes and resources (*Success Stories: A Schoolwide Program for Recognizing Students' Resilience and Resources*). Inviting young people to recognize and apply their existing resources is one of the most enjoyable and gratifying aspects of school-based counseling and intervention. I am continually amazed by students' ability to make remarkable changes by capitalizing on what is right and working in their lives.

Discussion and Practice

1. What are the advantages of building on student resources to resolve school problems rather than relying exclusively on traditional, practitioner-driven interventions?
2. Select a current concern or difficulty in your life. Now think of a previous challenge that you have successfully overcome or coped with in your own life. How did you manage to do this? What kinds of attitudes, beliefs, actions, or other internal and external resources contributed to your success? How might one or more of these resources help with your current concern? Ask students these same questions to help them recognize and apply useful resources to school problems and other challenges in their lives.
3. If someone asked you about your special skills and talents, what would you say? What would your friends and colleagues say? How could you apply one or more of these resources to enhance your current success as, for example, a school practitioner, university trainer, graduate student?
4. To gain a more personal perspective on connecting values and beliefs to actions and solutions, take a minute to answer the following questions: What are the most important values in your life? What are you already doing to support these values, and what would it take to do more of these things? What is currently blocking you from living in ways that are more compatible with your values? On a scale of 0 (*not willing*) to 10 (*very willing*), how willing are you to take action toward bringing your life in closer alignment with your values? With these responses in mind, write down one small step that you are willing to take tomorrow to live out your values more fully. We can use this same strategy to help students align their school performance and behavior with their deepest values and beliefs.
5. Pick one or two clients during the next week and ask about their values, special interests, solution ideas, and community supports. Consider how these resources might be applied to school problems or other challenges in their lives.
6. Think about a current problem or goal in your life. If you could consult with one or two people whom you most respect, what advice would they offer? Does their advice seem reasonable and potentially helpful in your present situation? If so, list one or two specific ways that you could put their advice into action during the next week. If not, how could you modify their advice to make it more useful?
7. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 8

Changing the Viewing

Chapter Objectives

- To introduce changing the viewing as a way to interrupt the problem pattern by replacing ineffective views of the problem with different and more effective ones
- To provide practical techniques for choosing and presenting different views
- To illustrate the strategy of changing the viewing with a variety of students, caregivers, and school problems

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As a thing is viewed, so it appears.

—The Tibetan Book of the Great Liberation

Building on exceptions and resources is a sensible way to approach school problems based on the practical guideline, "If it works, do more of it." These strategies are usually tried first because they build on existing strengths and assets. As illustrated in the previous two chapters, these methods are often sufficient for resolving school problems. Some situations, however, require additional methods.

This is the first of two chapters based on the second practical guideline of solution-focused counseling: If it doesn't work, do something different. This guideline, derived from the Mental Research Institute's brief strategic therapy model, is especially useful when people's attempted solutions perpetuate the problem and need to be replaced by different responses. Consider the example of a student who skips school in protest of what she perceives as rigid and unrealistic parental demands. The skipping prompts stricter and more frequent demands from the parents, and the student responds by skipping even more. This more-of-the-same pattern will continue indefinitely until something different interrupts it.

The discovery that people are stuck in a vicious cycle of ineffective solutions does not imply that there is something wrong with them. The Mental Research Institute group observed something that many of us can personally attest to in our own lives: *There is a natural tendency to reapply the same solution even when it is not working to produce desired results.* This occurs because we tend to view our solution as the one and only solution—the right and sensible thing to do in response to the problem (recall the Dot-Joining Puzzle in Appendix B).

When students and caregivers are stuck repeating more of the same well-intentioned yet unproductive solutions, the task of counseling is to interrupt ineffective solutions and encourage different responses. Counselors can do this by inviting different perceptions or actions of anyone involved in the problem pattern—that is, by changing the viewing and doing of the problem. Although viewing and doing interventions are often used together in practice, they are addressed separately here for the sake of clarity. This chapter addresses changing the viewing, and Chapter 9 presents strategies for changing the doing. Like all other methods in this book, these strategies are developed in close collaboration with clients and with careful attention to their perceptions and feedback.

Changing the viewing, also referred to as *reframing,* interrupts the problem pattern by inviting different explanations and interpretations. There is an old saying that the optimist sees the cup as half full, whereas the pessimist sees it as half empty. Both people are describing the same cup and the same amount of liquid. Neither view is truer or more correct than the other. Both views accurately reflect the facts of the situation: a cup of liquid holding 50% of its capacity. They are different views of the same reality. But who cares about cups, right?

Although no major consequences hinge on our perspective of cups, the same cannot be said for school problems and the people who experience them. For any given school problem, there may be multiple views or frames that accurately fit the facts of the situation. When it comes to resolving the problem, however, some views will be more useful than others. Once we interpret and describe a problem in a particular way, we get locked into whatever solution attempts flow from our view. Because perception and behavior are interrelated, different views lead to different actions. Changing the viewing is based on the twofold assumption that (a) there are several possible explanations or

interpretations for any given problem, and (b) current interpretations may not be as useful as others in resolving the problem. Solution-focused counseling adopts a very practical approach to changing the viewing: If one interpretation is not helping to change the problem, try a different one. Unlike a person's view of a cup as half empty or half full, a student's or caregiver's view of a school problem can make all the difference in resolving it.

The Process of Changing the Viewing

Nothing is more dangerous than an idea when it is the only one you have.

—Émile Chartier

The process of changing the viewing involves two steps: choosing a different view and presenting it to clients.

Choosing a Different View

For a new and different view to be effective, it (a) must fit the facts of the situation as well as or better than existing views held by students and caregivers, (b) must be sufficiently different from existing views (different enough to make a difference), and (c) must be acceptable and sensible to the client. Most problems can be viewed in many different ways. Depression can be seen as realistic pessimism, classroom misbehavior as a way of connecting and communicating with others, and adolescent rebellion as developmental steps toward independence and personal responsibility. To be different enough from existing views, alternative explanations often attach a positive meaning or purpose to actions or people that are typically viewed in negative and unhelpful ways. Box 8.1 provides some examples of this.

Box 8.1

Reframing the Problem by Offering Positive Connotations

Controlling = providing structure and direction

Defiant = independent, assertive, emphatic

Argumentative = cares enough to voice disagreement

Immature = playful, fun-hearted, adventuresome

Impulsive = lively, spontaneous, energetic

Withdrawn = observant, introspective, reflective

Passive = agreeable, accepting, laidback

Rigid = determined, committed, steadfast

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Reframing often focuses on the behavior of students, but it can also be used to offer students a different way of viewing their parents or teachers. In parent–adolescent conflicts, for example, the student can be invited to view the parents' behavior as caring and committed instead of controlling and insensitive. Likewise, a student may approach class in a more productive way when invited to see the teacher as concerned and structured rather than mean and bossy. In any given situation, there are a variety of options for changing the viewing. Different views can be constructed from content provided by (a) theories of counseling and psychology and (b) the client. In many cases, content from both sources can be combined into a new and different meaning or frame for the problem.

Using Content Provided by Theories

When it comes to changing the viewing, solution-focused counseling is an inclusive approach that is not wedded to any one particular theory of counseling or psychology. The content from any theory is fair game as long as it fits the facts and makes sense to the client. For example, the theory of self-psychology (Lessem, 2005) might suggest that a student's disruptive behavior represents his or her attempt to meet a normal developmental need for affirmation and connection with others. If accepted by a parent or teacher who has perceived such behavior as spiteful and manipulative, this new view may promote different and more effective responses to the student and behavior. Externalizing the problem is a type of reframing developed by narrative therapists to help clients view themselves as separate from the problems they experience (White, 2011). Externalizing reframes the problem from something inside the student to a separate and outside entity. For example, a strong-willed secondary student might be invited to view the behavior problem as a dominating bully that thrives on the student misbehaving and getting in trouble at school. If this view is accepted by the student, it might lead to behavioral improvements at school.

Using Content Provided by Clients

Like other aspects of solution-focused counseling, changing the viewing works best when it includes as much of the client as possible. The story of a 12-year-old student named Maria illustrates how the ideas and comments of clients can be incorporated into a new and different view of the problem. Maria was referred for counseling because of ongoing classroom behavior problems. She spent a lot of time in after-school detention and was suspended from school twice within a period of 3 months. When asked about possible drawbacks of improving her behavior, she said that her classmates might be disappointed if she did not clown around and make them laugh in class. After accepting Maria's perspective and acknowledging her dilemma, I asked how much longer she would be willing to sacrifice her freedom to entertain her classmates. She was intrigued by this interpretation and commented that she had never thought of her misbehavior as a sacrifice, much less a sacrifice of her own freedom (a precious commodity for most adolescents!). As we discussed it further, she became determined not to sacrifice her own freedom for the sake of entertaining other students. "They can

entertain themselves," she said as we began wrapping up the conversation. The session ended with a discussion of other ways that Maria could keep her friends *and* her freedom.

Presenting a Different View

Presenting a different view with a light and tentative touch offers several advantages. First, it lets clients know that they are free to accept or reject our interpretations with no judgments or pushback from us. Second, it gives us the flexibility to propose other views if the client rejects the first one. Third, it preserves our credibility with clients because the interpretations are presented as possibilities versus facts. The following phrases are helpful in presenting different views in a respectful, tentative way:

- I want to run something by you to see what you think.
- I'm not sure this is on target, but you're the best judge of that so I'll let you decide.
- Tell me whether or not you think this is in the ballpark.
- I'm curious what you think of this idea.
- Do you think it's possible that . . .?
- Some people would say that . . .
- Could it be that . . .?

It is important to observe people's reactions as we are presenting a different view of the problem. People may lean forward, raise their eyebrows, or nod their heads to indicate their interest in a new view of the problem. In addition to observing nonverbal responses, we can ask the following questions after presenting a different view to assess the client's reaction:

- Does that make any sense or not?
- What do you think of that?
- How does that strike you?

True to the cooperative spirit of solution-focused counseling, reframing interventions are constructed with careful attention to the client's feedback and position. The remainder of the chapter describes real-world examples of changing the viewing in schools.

Examples of Changing the Viewing

Any story one may tell about anything is better understood by considering other possible ways in which it could be told.

—Jerome Bruner

The following examples illustrate changing the viewing with a wide range of students, caregivers, and problems.

Standing Up to Stealing

Reggie, an energetic and intelligent 7-year-old, was referred for counseling by his parents and second-grade teacher for stealing at school. As far as anyone knew, Reggie had not stolen anything at school prior to the current year. The problem started out sporadically, with small items: a pencil here, a marker there, and so forth. As the year progressed, the stealing increased and became a greater concern for Reggie's teacher and parents. During the month before the referral, Reggie was caught with several stolen items, such as candy bars from classmates, snacks from the school cafeteria, and, most recently, the teacher's calculator.

The calculator incident was the last straw for the teacher and parents. They contacted me out of desperation, having tried various strategies over the past couple of months to no avail. They were out of ideas and energy and hoped that someone new might shed some light on the situation and offer additional suggestions. The most frustrating and baffling aspect of the situation for his teacher and parents was that, aside from the stealing, Reggie was a model student who made good grades, was polite to the teacher, had several friends, and appeared to enjoy school. He loved sports and was particularly good in baseball.

Reggie was the oldest of three boys. His youngest brother was 6 months old, and his other brother was 5. Reggie's parents were baffled by his stealing. They told me that although they did not have a lot of money, Reggie had everything he needed and did not need to be stealing from others. They were caring, attentive parents who rarely missed any of Reggie's baseball games or school functions. They also made sure that Reggie was clean, well dressed, fed, and ready for school when he left the house in the morning.

Reggie's parents were very upset and confused by his behavior. When it was suggested that he might be stealing to get attention, especially in light of the new baby at home, the parents began spending more one-on-one time with Reggie. This included occasional walks in the neighborhood or trips to the ice cream shop in the evening. Reggie's parents and teacher tried on several occasions to get through to him, find out why he was stealing, and make sure he understood the seriousness of his behavior. As sensible as these strategies were, none of them seemed to help in reducing the stealing.

Working in conjunction with the parents, the teacher and school administrators also tried various strategies to discourage stealing. These attempted solutions included

- requiring Reggie to return stolen items and apologize to the people he had stolen from
- making sure that Reggie had a sufficient number of pencils, markers, pens, and other supplies at the start of each day
- witholding certain classroom privileges when he was caught stealing
- requiring Reggie to call his parents and tell them what he had stolen
- assigning Reggie to in-school suspension for stealing
- scheduling periodic meetings between Reggie and the school principal, during which the principal emphasized the seriousness of stealing and the increasingly negative consequences that may result from continued stealing

Another baffling feature of the situation was that Reggie appeared truly remorseful and ashamed when confronted about stealing. The teacher, principal, and parents verified that Reggie was not the kind of child who plotted and planned against others or stole for malicious purposes. When confronted about his stealing, Reggie typically cried, apologized, and said, "I can't help it."

Having learned what had already been tried without success, I vowed to try something different in

approaching Reggie and the problem. During the opening moments of the first meeting with Reggie, I said something that opened the door for suggesting a different view.

Reggie: I can't help it.

Counselor: You can't help it. Help me understand that, Reggie.

Reggie: I can't help it. It just happens. People don't believe me, but . . . I know it's a bad thing. I should stop. I want to stop, but it just happens.

Counselor: That must be hard for you. You want to stop, but ...

Reggie: I can't stop it. It just happens.

Counselor: What's it like when it happens?

Reggie: I'll be walking along, you know, at school, and I walk by a desk and there's a cool gel pen, and it's like, "Take it, Reggie, nobody's looking." And I take it.

Reggie's last comment opened the door for me to externalize the problem by reframing stealing as an external entity that whispered into Reggie's ear to gain his cooperation and push him into doing things against his better judgment. While continuing to validate his dilemma of wanting to stop yet feeling powerless to do so, I invited Reggie to view the problem in a way that increased his sense of control and hope.

Counselor: I'll bet that's really hard for you, Reggie, knowing what you want to do but feeling pushed into something that you really don't want to do.

Reggie: It's hard. It happens all the time.

Counselor: You know, you said something that really got my attention and made me think that we might be approaching this whole thing the wrong way.

Reggie: What do you mean?

Counselor: You said it was like someone whispering, "Go ahead and take it, Reggie, nobody's looking," and stuff like that. And then you would take something that didn't belong to you. Is that right?

Reggie: Yes.

Counselor: So, this voice that whispers to you—does it belong to someone who's nice, someone who cares about you, or someone who's mean and doesn't care?

Reggie: Mean.

Counselor: So this mean person somehow gets you to do things that you don't want to do.

Reggie: Yes.

Counselor: Do you know what the word *bully* means?

Reggie: It's like a mean kid who picks on other kids and beats them up on the playground.

Counselor: Exactly. Bullies are not very nice people, are they?

Reggie: No.

Counselor: Well, I think you're dealing with a pretty mean bully that's been pushing you around a lot and talking you into taking things. Does that make any sense?

Reggie: [*nods yes*]

Counselor: Do you think the bully likes to see you get in trouble?

Reggie: Yes.

Counselor: Hmm. Seems like we're dealing with a clever bully here. [*Reggie leans forward, all ears*] The weird thing is, the bully never gets in trouble, but you do. It's like the bully likes it when you do what he or she tells you to do. Do you think the bully is a guy or girl?

Reggie: Guy.

Counselor: What do you think his name is?

Reggie: Bruiser.

Reggie enjoyed watching wrestling on TV, and Bruiser was the archenemy of one of Reggie's

wrestling heroes. Reggie explained that Bruiser would cheat and break the rules to win a wrestling match. Returning to the problem at hand, I wondered aloud how the stealing problem (or Bruiser) had recruited Reggie to be on his team and wielded power over him. Without criticizing Reggie for letting Bruiser get the upper hand, I asked additional questions to flesh out the new view:

- How does Bruiser get you to do what he wants you to do?
- How long has he been bullying and pushing you around at school?
- Is your life better or worse since Bruiser showed up?
- How does he get you to think about yourself? Is this what you want to think about yourself?
- How does he get others to think about you? Is this what you want others to think?
- Tell me about a time you stood up to Bruiser instead of letting him push you into trouble at school. How did you do it? How did it feel? Is this something you want to do more of? What would it take for that to happen?
- You know, some boxers and wrestlers have a team of people in their corner to pump them up and give them tips for beating the opponent. Who do you want on your team to help you stand up to Bruiser?

At no time did I excuse Reggie's stealing behavior. The externalizing conversation simply added a new and different element to the picture. Reggie accepted it and set out to put Bruiser in his place. With my help, Reggie decided who he wanted on his team: his parents, teacher, best friend, and former baseball coach (who was also a teacher at his school). We named the team Reggie's Rumblers and held a team meeting to discuss ideas for restoring Reggie's power and defeating Bruiser. The externalizing frame was reinforced by wrestling metaphors as we discussed moves that Reggie could use to defeat Bruiser, including strategies for body-slamming Bruiser, untangling himself from Bruiser's holds, and getting up off the mat instead of giving in and accepting defeat.

Other ideas included the following:

- Reminding Reggie to stand tall as he left class to go to lunch and recess (two situations involving high rates of previous stealing)
- Taking a photograph of Reggie standing above a fallen opponent (Bruiser) in a victorious pose and taping the picture to his desk as a reminder of his goal
- Holding weekly pep talks with the school counselor aimed at empowering progress and addressing any problems or concerns

Stealing ceased to be a problem. At the end of the school year, Reggie was proudly admitted into my Helper Club and given a Bruiser Basher certificate in recognition of his victory over a persistent and formidable bully.

Externalizing the stealing problem interrupted ineffective solutions and encouraged new responses. Viewing the problem as an oppressive and dominating bully and naming it accordingly grabbed Reggie's attention and interest. It also encouraged him to redirect his energy from guilt and apprehension about stealing to a more assertive attitude that altered his relationship with the problem and put him in the driver's seat. Whereas the old Reggie served at the mercy and request of Bruiser, the new Reggie, with some help from the Rumblers, stood up to Bruiser and continued to put him in his place.

A Wake-Up Call From the Unconscious

An 11th grader named Jessica was referred because of "concentration problems" and a sudden decline in academic performance. When asked whether anything in her life had recently changed, she said that she had been having recurring nightmares in which she was being chased. She tried to avoid falling asleep so she would not have the dream. Her loss of sleep made it harder to concentrate in school and did not reduce the nightmares. She felt like she was "going crazy." Jessica's view of herself and the situation clearly appeared to be contributing to the problem instead of helping to resolve it.

When asked what she wanted from counseling, Jessica said she wanted to stop having the dreams so she could "start having a normal life again." Jessica had become interested in dreams since reading about them in her psychology course a few months earlier. Intrigued by the notion that the unconscious can express itself through one's dreams, Jessica had a strong desire to understand the

meaning of her dreams and her fears about them.

When asked about her current interpretation, Jessica explained that she viewed her dreams and fears as signs of weakness, regression, and immaturity. She said that she had grown up a lot in the past couple of years and that the nightmares were a kickback to a younger age when she was less mature and had similar dreams. Jessica viewed her fears as unjustified and irrational because she knew that she could not really be hurt by someone in a dream. The counselor validated Jessica's fears by explaining that dreams seem very real when they are occurring and that anyone would be afraid if he or she had the dreams that Jessica was having.

On the basis of the information provided by Jessica, the counselor offered a different interpretation. During the past year, Jessica had become very busy with school and friends. The counselor suggested that she had become so busy that she might have taken her growth and accomplishments for granted and not properly acknowledged them. The counselor wondered aloud whether the dreams might be serving as a reminder or "wake-up call" from the unconscious to take the time to acknowledge her recent accomplishments. Jessica was intrigued, and the counselor continued. Her fears about the dreams were explained by the notion that she currently had much more to lose than she had when she began having similar dreams a few years ago. The thought of being chased and killed by someone is much more frightening when you have more to live for. Therefore, as unpleasant as the dreams and fears were, they could be viewed as signs of how much better Jessica's life was now compared to a few years back.

Not only did Jessica accept this different view, she extended it by stating that she took much better care of herself now than she had used to in terms of hygiene and diet. She also said that she rarely gave herself credit for anything good that happened in her life. Jessica did not report any further concerns regarding the dreams, and her grades and concentration improved to their previous level.

This example illustrates how a new view can be constructed completely from content provided by the client. For Jessica, viewing the dreams as unconscious reminders versus signs of craziness and viewing the fears as indications of recent growth and maturity versus signs of weakness and regression provided a whole new way of seeing things.

Giving Them What They Want

Zach, a 17-year-old high school senior, was referred in February by the school principal and his teachers for "oppositional behavior" and "defiance of authority." He frequently refused to do schoolwork and persistently stated his negative opinions about the school, the teachers, and the principal (Mr. Billingsly). After reviewing school records and talking with the principal and teachers, I met with Zach.

Counselor: I've already talked to your teachers and Mr. Billingsly about what they see happening.

Zach: Huh! I bet that was great. Did they tell you what an asshole I am?

Counselor: Not exactly.

Zach: I'm surprised. They need to straighten this school out. That's the problem. This school sucks, along with most of the people in it. Now I have to come and talk to you like it's my fault.

Zach resented being referred for counseling and viewed it as yet another way of "blaming him" for everything that went wrong in the classroom or at the school. As illustrated next, I accommodated Zach's position instead of challenging it.

Counselor: What sucks the most for you about the school?

Zach: Almost everything. There are *some* cool teachers, and I've got some friends, but most of the teachers can't teach. You just sit there. Then they go ballistic when you don't do your work. Now I have to come here like it's my fault.

Counselor: Do you do your work?

Zach: Some of it.

Counselor: Do you do more of it in certain classes?

Zach: It depends. I really don't care about it. I just want to get the hell out of this school.

Counselor: How are you going to do that?

Zach: Just graduate.

Counselor: I mean, as far as credits go, do you have to pass most of your classes to have enough credits to graduate?

Zach: I have to pass every one of my classes this year.

Counselor: Are you going to be able to do that?

Zach: The classes are pretty easy. Well, most of them are. But the last time I got suspended, I missed an English test, and she wouldn't let me retake it. So now I'm failing English.

Counselor: Are you failing anything else?

Zach: I might be failing history. I don't know.

Counselor: What happens if you don't pass these classes? Do you have to wait to graduate or take them in the summer?

Zach: I'm not taking them in the summer. No way.

Counselor: If you failed a class or two, would you just forget it and drop out?

Zach: Probably. For a while, anyway. I really don't want to do that. I mean, I made it this far. I don't know how [*laughs*].

Counselor: How do you think you made it this far, with all the detentions and suspensions?

Zach: I'm pretty smart. They don't think so. I just don't suck up to the teachers like some kids. I don't raise my hand a lot in class.

Counselor: Who doesn't think you're smart?

Zach: Most of the teachers. Especially Billingsly. He thinks I'm a waste. He just waits for me to screw up so he can call my parents and give me detention. I don't care. I'm going to do what I want. He doesn't scare me.

After a few more minutes of discussion, it was evident that Zach wanted to graduate, if only to "get the hell out of this school." It was also clear that he viewed the principal and a couple of teachers as "out to get him." Zach's position was "I'm going to do what I want no matter what Mr. Billingsly and the teachers say or do to me."

I asked Zach for a step-by-step video description of the problem, which went like this: (a) Zach was reprimanded for refusing to do his work or for some other infraction and punished in the form of extra assignments; (b) Zach loudly questioned the fairness of the punishment and refused to comply with it, which resulted in a trip to the principal's office; (c) Mr. Billingsly, the principal, tried to reason with Zach by explaining that he could make it easier on himself if he would take the teacher's punishment without making such a scene; and (d) Zach told Mr. Billingsly to "shove it" or something similar and said that he was going to do what he wanted. These incidents often resulted in Mr. Billingsly calling Zach's parents and assigning additional days of detention. Zach's parents told Mr. Billingsly that they had talked with their son on numerous occasions and withheld car privileges several times in an attempt to improve his school behavior.

This was a classic problem pattern in which everyone was stuck doing more of the same. The more Zach misbehaved, the more he was punished. The more he was punished, the more convinced he became that the principal and his teachers were out to get him. This led to even more misbehavior, on the basis of Zach's view that "they aren't going to break me." In the following excerpt, I offer an alternative view of the situation to interrupt the problem cycle and encourage a different response. The facts of the situation are reframed in a way that accommodates Zach's strong determination to "not give in" and "not let them win."

Counselor: You mentioned that Mr. Billingsly and some of your teachers are out to get you.

Zach: Right.

Counselor: They don't like you, right?

Zach: That's putting it mild.

Counselor: Okay. It seems like you might be giving them what they want. You're playing right into their hands.

Zach: What do you mean?

Counselor: You're doing exactly what they want you to do by giving them an excuse to get rid of you and suspend you for good. You're close to the edge right now of getting suspended, right?

Zach: Yeah.

Counselor: If things keep going like this, and you keep getting sucked into this trap of mouthing off and getting sent to the office, then you'll get suspended soon, and they win. You're gone. They win. [*Zach seemed genuinely curious about this*] It's like a card game. As long as you keep doing what you're doing, getting sent out of class and getting detention, you're playing right into their hands. They're holding all the cards right now.

Zach: I don't know about that.

Counselor: I don't either, but it's something to think about. You want to graduate, and you won't if you keep giving them a legitimate reason to nail you. Something to think about.

Zach received only two detentions the next week compared to an average of four per week during the previous month. The next conversation occurred at the end of the week in which Zach received two detentions:

Counselor: So, what's different about this week?

Zach: Nothing, really.

Counselor: Did you think any more about what we talked about?

Zach: Yeah. I guess I kind of see what you mean. But they're not going to stop me from graduating.

Counselor: How are you going to make sure they don't stop you from graduating?

Zach continued receiving occasional detentions, but not nearly as many as he had during the previous month. He received a 3-day suspension a few weeks after the meeting but remained in school and passed all his classes. Zach graduated on time with the rest of his class, thereby meeting his goal of "getting out of this stupid school."

Another noteworthy aspect of this example is that my perceptions of the situation were very different than Zach's. I viewed Mr. Billingsly, the principal, as very kind and compassionate in his dealings with Zach. Mr. Billingsly was one of the most caring and competent administrators I have ever worked with, and I held him in high regard for his willingness to go the extra mile for students. It was not always easy to resist the urge to question Zach's perception of Mr. Billingsly. However, this would have been disastrous for the alliance and would have greatly reduced my effectiveness and influence with Zach. We can accept and accommodate the client's opinion without personally agreeing with it. As illustrated with Zach, the counselor's or anyone else's opinion is always secondary to the client's opinion in solution-focused counseling.

Desperate and Developmental

She sobbed as she described her depression and shame. This was my third meeting with Jane, a 16-year-old student referred by her teachers for her declining academic performance in math and history. The previous two meetings had addressed her academic difficulties and conflicts between Jane and her mother.

Jane said that she had to tell somebody about her problem because she felt like she was "losing her mind." She had not slept well for the past 2 weeks, since the problem began. She was falling further behind in her schoolwork and having more trouble concentrating at school. Jane prefaced her description of the problem by saying that she viewed herself as a disgusting person and that I would view her this way after she told me what she had done.

With great difficulty, Jane told me that she had "talked nasty" on the telephone to a male friend on three separate occasions during the past couple weeks. She was convinced that she was a "sexual deviant" and had a "multiple personality." She said, "I'm going crazy, just like my mother."

Previous meetings had revealed that it was not unusual for Jane to be grounded and restricted to her house for 1 or 2 weeks at a time for things such as coming home a few minutes late from school or "talking back" at home. While grounded, Jane was required to be in the house at all times except during school, including weekends. She was also prohibited from talking with friends on the phone. Jane lived at home with her mother, Marilyn, who had been diagnosed with schizophrenia and had been admitted to several psychiatric facilities over the past 5 years. Marilyn had refused two earlier

invitations to meet with me to discuss Jane's school performance and conflicts at home.

Aside from the questionable parental practice of marathon groundings, over which Jane and I had very little control, it was obvious that Jane's view of the problem was not helping her in school or elsewhere. After a few minutes of silence, during which she continued to sob and stare at the floor, I offered a different explanation of the phone calls. I suggested to Jane that her behavior, although scary and confusing, may represent her attempt to meet an understandable need for "lively interaction" with peers and to deal with the normal sexual curiosity of adolescence. Unlike most of her peers, Jane's access to typical teenage activities and interactions was severely restricted. I explained that these extreme restrictions might have prompted her to resort to extreme measures. In this sense, the phone calls represented Jane's desperate yet understandable attempts to fully experience adolescence in the face of groundings and other restrictions that prevented her from doing so in more conventional ways.

When I asked Jane what she thought of this explanation, she said that it made sense to her. She was visibly relieved to learn that she might not be crazy after all. Within a few minutes, we began discussing how she could improve her grades in English and history. No further mention was made of the telephone problem during our two subsequent meetings, and her teachers reported that she was doing better in class.

Changing the viewing requires flexibility in developing and selecting alternative views that fit the facts and make sense to the client. Jane's behavior could have been interpreted in any number of ways, and there was nothing inherently magical or right about the developmental interpretation. If Jane had rejected it, then it would have been discarded. The developmental view was effective with Jane because it matched the facts, she accepted it, and it introduced something different into the problem pattern.

Pervert or Protector?

A sixth grader named Steve was referred for services after making "obscene remarks and gestures" toward one of his teachers (Ms. Taylor). The counselor met with Steve and his grandparents during the second day of a 1-week suspension from school. Counseling was requested by school personnel to obtain a professional opinion of Steve's mental stability and "sexual problem." School officials also wanted a determination regarding the likelihood that Steve would repeat such incidents in the future.

Steve was living with his grandparents and had been moving back and forth between his father and grandparents for the past year. His grandparents described him as a "nice, polite boy." They proudly added that he occasionally helped out with household chores without even being asked.

Grandfather: He's never used foul language with us or done anything like this. I don't know why he did it.

Counselor: Steve, do you have any theories about why you did it?

Steve: [*shrugs shoulders*] No.

Counselor: How well do you get along with Ms. Taylor?

Steve: Not real good.

Counselor: On a scale of 1 to 10, 1 being really bad and 10 being great, where would you rate it?

Steve: About a 2 or a 1.

Counselor: Where would you put your other teachers?

Steve: Five or 6.

Counselor: So you definitely clash more with Ms. Taylor than the other teachers.

Steve: Yeah.

Counselor: How important is it to you, again on a scale of 1 to 10, to get along with your teachers at school?

Steve: About 5.

Counselor: How important do you think it is for Ms. Taylor to get along with you?

Steve: Probably a 1. She doesn't like me. She never liked me in the first place. She's got two or

three teacher's pets in that room. She always lets them do everything.

After the two discussed Steve's relationship with Ms. Taylor for a few minutes, a different interpretation was offered.

Counselor: You mentioned getting along a lot better with your other teachers than Ms. Taylor. I don't know if this is on target or not, but perhaps it was no accident that you said and did these things in Ms. Taylor's room instead of some other room. Maybe this was your way of trying to draw her attention away from her favorite students, the teacher's pets, and onto you and some other students. Granted, it's not your everyday way of asking for attention, but still, I'm just wondering. What do you think of that?

Steve: I don't care what she thinks of me. She doesn't like me. I don't like her either. It doesn't bother me.

Counselor: [*turning to Steve's grandparents*] What do you think?

Grandmother: I don't know. Like you said, that's a pretty unusual way to get attention. I think he's smarter than that.

This alternative explanation was off target for Steve, and his grandmother's response was lukewarm at best. These reactions prompted the counselor to drop it and move on to something else. The following dialogue occurred later in the meeting, while they were discussing how often Steve saw his father (Donnie) and how they spent their time together:

Counselor: So, you guys watch TV a lot together.

Steve: Yeah.

Grandfather: You know, I keep telling Donnie to take him places and do things with him, like to the park or ball games, but I can't get through to him. Donnie has had a lot of problems himself. He hasn't held a steady job for a couple years, and he drinks a lot.

While the grandfather continued to describe the difficulties and shortcomings of Steve's father, Steve looked downward and appeared as if he were about to cry.

Counselor: Steve, you really care about your dad, don't you?

Steve: [*nods head yes, still looking downward*]

Counselor: Do you help him a lot like you help your grandparents?

Steve: [*nods head yes*]

Counselor: That's impressive. A lot of kids your age don't even think about helping their parents. It wouldn't even cross their mind to think of helping out at home.

Grandfather: Another thing is, Donnie gets these magazines like *Playboy* and leaves them sitting around the house. I keep telling him that Steve doesn't need to be seeing that stuff, but he keeps doing it. That's probably where Steve gets these ideas.

Counselor: What do you think, Steve?

Steve: That stuff doesn't bother me. I can see that stuff anywhere. It's not like I'm a pervert or something.

Counselor: That stuff is available a lot these days. Besides, books or no books, clean house or messy house, you still care a whole lot about your dad, don't you? [*Steve nods yes; the counselor turns to the grandparents*] Some people would say that Steve is actually trying to protect his father by getting in trouble and drawing attention *to* himself and *away from* Donnie. [*Steve looks somewhat interested; the counselor continues to address the grandparents*] If you, your wife, and the school people keep focusing on Steve's problems, then maybe you won't criticize Donnie as much, and Donnie might feel better about himself. Steve might have done this school problem to get everybody to back off and stop criticizing his father. Also, this is one way for Steve to get his dad to pay more attention to him. For example, when this happened, the school called Donnie, and he had to come up to school to get Steve. Steve, what did you do that day after your dad picked you up from school?

Steve: We went back to his house.

Counselor: What did he say about what happened at school?

Steve: He yelled at me some. He told me I better not do it anymore.

Counselor: Do you think he meant it?

Steve: I know he meant it. He was really mad.

Counselor: He was really acting like a dad, wasn't he?

Steve: Yeah. He was acting like my grandpa. [*grandparents laugh*]

Counselor: What are some other ways you could get his attention and get him to act more like a dad?

Steve: I don't know.

Counselor: I'm just wondering, because it seems like there might be some other ways to do that besides getting yourself suspended from school.

The conversation continued to explore different ways that Steve might support his father and get his father's attention besides misbehaving in school. The grandparents agreed not to criticize Donnie in Steve's presence and to encourage Donnie to spend more quality time with his son. Steve returned to school the next week, and no further incidents were reported during the final 2 months of the school year.

The decision to abandon or stay with a new view is based strictly on the client's response. Neither Steve nor his grandparents bought into the idea that Steve's misbehavior represented an attempt to obtain the teacher's attention. Therefore, it was immediately dropped, and the counselor offered a different interpretation later in the session. The notion that a child's problem behavior might serve a specific function in the family—in this case, to protect a parent—is based on the structural theory of family therapy (Minuchin, Reiter, & Borda, 2014). This theory, combined with information provided by Steve and his grandparents, provided the content for a reframing intervention that conformed to the facts yet differed markedly from the prevailing notion that there was something perverse and wrong with Steve.

A Nurturing Solution

This example focuses on a parent as the primary client and illustrates the combined use of strategies for changing the viewing and the doing of the problem (Murphy & Duncan, 2007). Carol, a 34-year-old parent, was referred by the school principal for a conference with the counselor. She had worked her way through the administration at the school, ruffling feathers along the way with her persistent concerns about her 9-year-old daughter Sarina's "depression." The problem was that no one else shared her concerns. Sarina was a hard-working and well-behaved student, according to her teacher. In fact, everyone believed Sarina to be remarkably well adjusted, despite having a mother who was described by school personnel as a "loose cannon."

The counselor met with Carol and Sarina together. Carol was an interesting character, full of extremes. She was charming and impeccably dressed, and she spoke in a boisterous manner, emphasizing her points with sweeping gestures and intense eye contact. Sarina looked like any 9-year-old, but wore an embarrassed expression that said she wanted to be somewhere else. She slumped in the chair and didn't look up as her mother opened the meeting by saying, "Sarina is so depressed."

Pointing to her daughter, Carol continued, "She complains about being bored and mopes around. I'm depressed, too. I know that I have a chemical imbalance and will need to take antidepressants the rest of my life. I also take antipsychotics, because I had a psychotic break right after Sarina was born. Tried to kill myself and the whole nine yards. My mother is also depressed and takes antidepressants. My doctor told me it was genetic, and I'm sure Sarina is just like my mother and me. She probably needs to be on medication, too."

Sarina's teacher, vice principal, and principal had already attempted to persuade Carol that nothing was wrong with her daughter. The harder they tried, the more persistent Carol became in her efforts to convince them otherwise. Carol perceived these well-intended efforts as belittling her daughter's problems and criticizing her own competence as a parent. The counselor met with Carol and Sarina separately to learn more about their perceptions and concerns.

Carol described the problem as Sarina's depression, which was characterized by a general negative attitude, complaining, and boredom. Exploring how such behaviors constituted a problem revealed Carol's personal struggles. When seen alone, Carol let her guard down and discussed her feelings of frustration and helplessness. The more she tried to help her daughter, the more distant and

depressed Sarina appeared. Carol's attempted solutions included the following:

- Spending long periods of time observing Sarina to monitor the "depression"
- Frequently asking Sarina whether she was depressed
- Responding to the smallest signs of Sarina's sadness or discomfort by immediately changing the subject or trying to "cheer her up" by "taking her mind off it"
- Entertaining Sarina as much as possible to prevent her from being bored or sad (e.g., playing board games, watching TV together, inventing word games, insisting that Sarina accompany her on shopping trips when she appeared bored)

Carol cried as she acknowledged that none of these strategies seemed to help. Her biggest fear was that Sarina's "early warning signs" would worsen, damning her to the life of depression that had plagued two generations of women in the family. When asked what she wanted from the counselor and counseling, Carol stated her hope that (a) Sarina would smile more at home and (b) the counselor would verify Sarina's depression and provide suggestions for helping her.

When the counselor met with Sarina, she was quiet and sullen at first but became animated and friendly when the conversation turned to the "mean" boys in her class. She insisted that she was not depressed and that her only problem was that the boys in her class teased her a lot. She added that they teased all the other girls, too. The counselor raised the possibility that the boys might be teasing her because they liked her. Sarina denied this, but the counselor remained skeptical and elaborated on this different view of teasing: "I don't know, Sarina. I used to tease some girls I liked because I was too scared or immature to tell them I liked them. Are you sure they don't really like you?" Sarina giggled and shook her head no. The counselor relented, "Okay, if you say so, Sarina." Sarina enjoyed the lighthearted banter and left the office with something different to think about. This conversation added several new elements to the problem pattern: the view of teasing as a possible form of socializing or flirting, the view of Sarina as capable of drawing the attention of boys, and the incorporation of playfulness and humor into a situation that had always been viewed as grim and serious. When asked about her goals, Sarina said that she wanted her mother to stop following her around, stop asking whether she was depressed, and stop trying to cheer her up all the time.

The stage was set for encouraging Carol to try something different. By her own admission, Carol's efforts at helping Sarina were ineffective at best and often seemed to make matters worse. For interventions to be successful, they would need to accommodate her depression theory and her strong desire to be helpful to her daughter. It was clear that challenging Carol and her genetic depression theory would have landed the counselor right behind school personnel in the conga line of failed solution attempts.

The counselor suggested that, given the familial predisposition to depression, environmental interventions would be critical in counteracting Sarina's genetic predisposition. Furthermore, to enter adulthood equipped to handle depression and boredom, Sarina would need a lot of support and practice in coping with unpleasant feelings on her own. Perhaps Carol could best help Sarina by permitting her the opportunity to practice coping with depression instead of trying to cheer Sarina up or fix the problem right away before she had the chance to practice on her own. Introducing a different view of how to help Sarina laid the groundwork for changing the doing by encouraging Carol to go with the flow of Sarina's sadness or boredom.

The counselor accepted Carol's genetic depression theory, validated her worry as appropriate given the family history, and noted her obvious love and concern for her daughter. Surprised and relieved not to have to defend her position, Carol relaxed and appeared ready to consider what she could do differently to help Sarina. Validation of Carol's viewpoint freed her up to consider new ideas and directions. Here is a small sample of the conversation:

> *Counselor:* You may be able to help Sarina cope with her depression by validating her concerns, boredom, and sadness when she expresses it and then allowing her the space to sort it out herself. For example, if Sarina says, "I'm bored, there's nothing to do around here; I hate it when no one is around to play with," you could say, "Yes, it must be tough to be all alone in the house with nobody to play with." When you validate her concern, she will feel understood and have the chance to practice coping with the boredom. The hard part for parents is resisting the temptation to cheer up, entertain, or otherwise coerce our kids into feeling better. Besides the fact that it usually doesn't work, as you mentioned with Sarina, it can discount a child's negative feelings. No one wants their kids to experience anything negative. Is this making any sense?
>
> *Carol:* Yes it is, because I'm always upbeat and positive with her … always telling her how smart

and pretty she is and how school is fun. I guess I sort of discount her feelings and it's not helping. Is that what you are getting at?

Counselor: Exactly, except you are not doing anything wrong. You're doing what any loving parent would do. What I am suggesting is that you lean into her depression, invite its expression, and give Sarina a chance to develop coping strategies. Another way of looking at this is to go with the flow and respond to Sarina's gloom-and-doom comments with agreement. For example, to the comment "I hate school," you may respond, "School can certainly be a bummer, and the worst of it is there's so much more to go." In essence, you are teaching her how to cope with it by allowing her the time and space to deal with it.

Carol: I guess you just don't expect kids to have bad feelings, and you want to protect them from any hurt. But that's impossible to do. They suffer just as we do.

Counselor: Exactly. I agree.

Carol: Yeah, I need to allow her to be and support her feelings, even if it's negative.

Carol did just that, which was no small feat given her long-standing habit of trying to fix things for Sarina and cheer her up as soon as she expressed a concern or unpleasant feeling. Soon after implementing her new approach, Carol reported that Sarina was smiling more and complaining less. Carol concluded that her daughter was only mildly predisposed to depression and decided that an antidepressant was not needed.

Counseling sought to interrupt and reverse Carol's ineffective solution attempts by changing the viewing of the problem. The teacher and school administrators repeatedly tried to convince Carol that Sarina was a normal 9-year-old, but Carol didn't buy it and vigorously defended her position. Once it became clear that the counselor was not going to challenge her beliefs, Carol showed greater flexibility and softened her viewpoint about Sarina's genetic depression.

Summary and Conclusions

Changing the viewing, also called *reframing,* interrupts problem patterns by inviting people to consider different ways to interpret or explain the problem—ways that encourage different responses and new solution opportunities. To be effective, the new view must fit the facts as well as existing views, be acceptable to the client, and be different enough to make a difference. Theories of counseling and psychology, as well as material supplied by clients themselves, provide useful content for changing the viewing of the problem.

The strategy of changing the viewing was illustrated with a variety of clients and problems, including a 7-year-old referred for stealing (*Standing Up to Stealing*), an 11th grader who complained of nightmares (*A Wake-Up Call From the Unconscious*), an angry and strong-willed high school senior (*Giving Them What They Want*), a 16-year-old who thought she was going crazy (*Desperate and Developmental*), a sixth grader who made nasty remarks and gestures (*Pervert or Protector?*), and an outspoken parent concerned about her daughter's "genetic depression" (*A Nurturing Solution*). The theme of replacing ineffective solutions with something different is continued in Chapter 9, which describes strategies for changing the doing of the problem.

Discussion and Practice

1. Like any counseling technique, changing the viewing takes practice. Pair up with a partner, assume the roles of client and counselor, and run through the following steps:
   a. The client describes a school problem along with an interpretation of it; the counselor listens for key themes in the client's description and interpretation.
   b. The counselor takes a minute to consider a different view that fits the facts and is sufficiently different from the client's current view.
   c. The counselor presents the new view in a tentative and flexible way that conveys the client's freedom to accept or reject it.
   d. Switch roles and repeat the exercise.
2. Review a list of common descriptors of school problems (disruptive, impulsive, etc.) and provide a positive connotation for each descriptor. Most behavior rating scales include an ample number of negative descriptors that could be used for this exercise.
3. Think of a problem you are currently experiencing. How do you and other people typically respond to the problem? What actions are being taken in response to the problem, and how effective are they? How do you or others currently view the situation? Think of one or two plausible explanations for the situation. Select one of these views, try it out, and observe the results.
4. Think of a client you are working with now (or worked with in the past) and do the following: (a) Briefly list and discuss the dominant and existing descriptions, explanations, and interpretations of the problem on the part of the client and other people involved in the situation. (b) For each view you listed, describe at least one alternative view that accounts for the facts and is sufficiently different from the dominant view. (c) Describe how you would present the new view to the client, focusing on specific words or phrases you would use.
5. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 9

Changing the Doing

Chapter Objectives

- To present changing the doing as a way to interrupt the problem pattern by doing something different
- To describe specific strategies that invite students and caregivers to change the doing of the problem by altering their typical responses
- To provide several real-world examples of changing the doing with a variety of students and school problems

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When you discover you are riding a dead horse, the best strategy is to dismount.

—Dakota tribal saying

If you keep doing what you've always done, you'll keep getting what you always got.

—Moms Mabley

Have you ever had the experience of repeating the same solution over and over again with the same ineffective results? It seems that once we settle on a solution, it's hard to let it go—even when it's not working! I have had many such experiences as a parent, teacher, and helping professional. For example, when I was teaching this material to family therapy students, I would catch myself repeating unproductive solutions with my kids and thinking, "Wow, it really *is* hard to let go of a solution once we become attached to it." Like a pair of old shoes, we cling to our favorite solutions long past their usefulness. My experience of holding onto worn-out solutions also taught me that it is much easier to spot this pattern in others than ourselves—a humbling reminder to be patient and understanding with students, teachers, and parents who are stuck in an unproductive cycle of more-of-the-same responses to the school problem.

From a systems perspective, small changes in any aspect of the problem pattern can ripple into larger and more meaningful solutions. This chapter builds on the theme of interrupting ineffective solutions and replacing them with something different. Something different involves inviting clients to change their perceptions (changing the viewing) and/or actions (changing the doing) in ways that disrupt the problem cycle and expand solution opportunities. Chapter 8 provided strategies for changing the viewing, and this chapter offers various ways to invite students and caregivers to change the doing of the problem.

There are as many different ways to change the doing as there are clients. Instead of trying to cover too much and losing the basic message of doing something different versus more of the same, this chapter (a) describes general guidelines and strategies for changing the doing (most of which come from the therapeutic influences in Chapter 3) and (b) provides practical examples of changing the doing with a variety of clients and problems.

Strategies for Changing the Doing

The first rule of holes: When you are in one, stop digging.

—Molly Ivins

One of the simplest ways to interrupt the problem cycle is to encourage the student or caregiver to alter the performance of or response to the problem in a small but important way. The goal is to simply do the problem differently by trying something else instead of doing the usual. This can take an unlimited number of forms. It may also include techniques from a wide range of therapeutic approaches, not to mention the client's own ideas. We can facilitate changes in the doing by (a) acknowledging that things are not working and that something different is required and (b) inviting clients to do something different by implementing one or more of the following strategies.

Try the Do Something Different Task

Students, parents, and teachers can be very creative when given the encouragement and opportunity to play an active role in building solutions. The Do Something Different Task unleashes people's wisdom and creativity by encouraging them to try something different during the next week—whatever it might be—in place of their usual actions:

> You said that you feel like you're going around in circles with this problem, which makes a lot of sense to me. You've put a lot of time and work into this and still haven't seen the changes that you want. No wonder you're frustrated. It makes me wonder if we need to try something very unusual and different to shake things up and see what happens. I don't have any great ideas at the moment, so I'm going to suggest that you do something very different during the next week instead of doing what you've been doing. Don't get hung up on finding the "right" thing. Just try *anything* that would be really, really different from your usual response, then observe what happens to see if anything changes. How does that sound?

Consider the example of Monica and her parents. The parents reported that Monica, age 13, "argued constantly" with them at home. Their usual methods of responding included telling Monica to stop, sending her to her room, and removing privileges. After acknowledging their feeling of being stuck and out of ideas, I suggested that one or both of them try something different instead of more of the same strategies.

When I saw them the next week and asked how things were going, they looked at each other and smiled. Monica's mother explained that they had decided to stage an argument to better understand the dynamics of their relationship with Monica (the mother was a counselor). They calmly explained this to Monica, informing her that one of them would observe and take notes while the other engaged in an argument with her. Monica looked at them strangely, mumbled something under her breath, and walked into her room. The arguments subsided following the parents' creative response to the Do Something Different Task.

There is nothing about the content of this or other such interventions that makes them effective in some absolute sense. The staging an argument strategy used by Monica's parents may fail with the next client—or the next 30 clients. It was effective for Monica's parents because it added a new twist to the typical problem pattern. As illustrated throughout the chapter, sometimes all it takes is a small change to bring about a big solution. It is inspiring and amazing to witness the ingenuity of students and caregivers who are given the invitation to do something different.

Observe the Problem

This technique is useful for problems that are made worse by overattention and overintervention. In these situations, we can suggest that students, parents, and teachers do absolutely nothing about the problem except observe it and record data on it. Observing the problem represents something different and interrupts ineffective solutions, especially when people are pressing too hard to control the problem. This task invites clients to stop pressuring themselves or others to change while allowing them to remain involved by observing. Sometimes simply backing off and relieving the pressure improves the situation and prompts clients to try a different approach.

Although observation tasks can be useful for many problems, they are particularly helpful in

situations involving anxiety, fears, and physical problems. When these difficulties occur and people make willful efforts to correct them, they put themselves in a position of trying to coerce something that can only occur spontaneously. For example, you cannot force yourself to stop having certain thoughts and feelings, and trying to do so usually makes things worse. Likewise, you cannot will yourself to sleep or make yourself feel hungry. The goal here is to do something that interrupts these logical yet ineffective solution attempts.

Nick, a 16-year-old struggling with a sudden insomnia problem, began arriving late to school and doing poorly on tests. He was a dedicated student with excellent grades and hopes of receiving an academic scholarship from a local college. Nick had a lot to lose if the problem persisted, and he was desperate for a solution. He tried a variety of strategies to make himself go to sleep, including reading, hot baths, and a variety of relaxation methods. Nothing worked. The harder he tried, the less he slept. As his school performance continued to decline, Nick intensified his efforts, and things went from bad to worse.

Nick acknowledged that his attempts to force himself to sleep were not working, and the counselor suggested that he simply observe the problem for 1 week to learn more about it. The task included recording the time he went to bed, how long it took to fall asleep, and his thoughts while lying in bed. Nick implemented the task for the next three nights, after which his natural sleeping pattern returned along with his strong school performance. As illustrated with Nick, observation tasks often free people up to let nature take its course without the interference of well-meaning yet ineffective solution attempts.

Invite What You Dread

This strategy can be useful for clients who are trying to solve a problem by avoiding it. It is especially helpful for students who struggle with recurring negative feelings or unwanted thoughts. Some students spend a lot of energy trying to avoid unpleasant thoughts or feelings or to stop them when they occur. Unfortunately, the intrusive thoughts and feelings are compounded by the very efforts intended to control or stop them. In these situations, students can be encouraged to experience the avoided situation, thoughts, or emotions without any pressure or expectation to change them or master them.

When faced with these situations, we can encourage students to do the exact opposite of avoiding unwanted thoughts and feelings by intentionally inviting them to happen—in other words, by inviting what they dread. Something that has been seen as unacceptable and outside the student's control is now acceptable and under the student's control. This strategy can be combined with mindfulness methods (Hayes & Lillis, 2014), such as breathing steadily, picturing one's thoughts and feelings as unavoidable raindrops or as leaves flowing by in a stream. All of these methods interrupt repetitive avoidance attempts by introducing something different into the problem pattern.

Cassie, age 16, told the counselor that she felt so depressed that she went to bed as soon as she got home from school. This was scary and confusing because her life was, in her words, "going so well." Cassie had recently moved and found the new school and new city to be just what she always wanted. In her mind, this should have made her happy. Instead, Cassie wound up incessantly trying to convince herself to be happy while simultaneously avoiding all that was negative about her circumstances. This resulted in more and more sleep and increased feelings of hopelessness. The counselor and Cassie discussed her problem (depression and sleeping too much) and her solutions (trying to avoid feelings of depression because she "shouldn't" feel that way). The counselor suggested that Cassie set time aside each day to "give the depression its due" and try to learn what she could from it. This included thinking about her move, the new city, and how much she missed her friends. She started to cry, and instead of quickly drying her tears, she let it go. Cassie did this every day and found that the intensity of the feelings diminished, as did the tears. She felt more energetic, slept less, and began to enjoy the new school and new city for the first time since moving.

Go With the Flow

The go with the flow strategy can be helpful in situations in which (a) a teacher or parent is trying to get a student to do something that the student is not willing or motivated to do or (b) the teacher or parent sees a problem and the student does not. These situations start with the caregiver trying to bring the problem to the student's attention and, when the student does not respond, intensifying these efforts by confronting, persuading, reasoning, or arguing. The problem cycle is now in full

swing—the more the caregiver pushes, the more the student resists. This tug-of-war or battle of wills creates a situation in which students focus more on winning the battle than on considering alternatives or changing their behavior when it is in their best interest to do so.

Going with the flow invites the caregiver to accept and perhaps even encourage the other person's actions, thereby avoiding the battle and dropping the other end of the tug-of-war rope. Regardless of the particular form it takes, going with the flow disrupts the problem pattern by drastically altering the caregiver's usual response to the student. Consider Cheryl, a ninth-grade English teacher who requested help in coping with incessant criticism by one of her students. Ron always found something wrong with Cheryl's class and unfailingly reported every perceived shortcoming to Cheryl. Although Cheryl accepted the criticism in a good-natured way at first, it bothered her more as time went on. The situation degenerated into an ongoing cycle of criticism, with Cheryl defending her actions to Ron, followed by further criticism of her inability to accept feedback, and so on.

Consider how going with the flow might be applied to this situation. Cheryl could simply find something about the criticism to agree with, or she could ask Ron for his feedback before he had the opportunity to criticize. Both of these options were discussed with Cheryl, but she chose to take it a step further. Instead of simply smiling and nodding in response to criticism, she decided to enthusiastically agree with Ron because she thought that would surprise him even more and have a better chance of changing things. She was right.

When Ron criticized Cheryl the next few days at school, she calmly agreed with him and occasionally exaggerated his criticism in the following ways: "Yes, Ron, I'm a terrible lecturer, but I'm working on it. In fact, I can't believe you're hearty enough to stay awake the entire period." Or, "Not only are my tests lousy, but I'm starting to believe that I'm a pretty rotten teacher. I'm amazed you continue to put up with me." When using this strategy, it is important to say things in a calm and nonsarcastic manner.

Consider the logic of this intervention as it was presented to Cheryl: If you agree and the criticizer accepts it, you still do whatever you want, the argument is over, and you maintained control and didn't get angry or defensive. So you win. If he or she disagrees with you (remember, you are now accepting criticism), that means he or she is absolving you of blame. So you still win. Cheryl liked this logic, especially the part about not feeling so defensive. She tried it with Ron, who, after a few occurrences and few puzzled looks (but no further discussion), said, "No, I didn't mean it that way. I think you're a great teacher."

Other Strategies for Changing the Doing

There are literally hundreds of intervention strategies that we can offer to help people change the doing of school problems. Textbooks are full of such strategies, all of which may be helpful for certain clients in certain situations. The bottom line of any strategy intended to change the doing is that it alters the problem pattern by replacing existing solutions with very different responses to the problem—responses that often involve doing the opposite of what has previously been done (observe the problem, invite what you dread, go with the flow). Note how these interventions interrupt people's common tendency to try to avoid or control the problem.

As seen in the previous examples of this chapter, well-meaning attempts to directly control or avoid problem behaviors can backfire and make matters worse. Here are a few more ideas to consider in your efforts to help teachers, parents, and students replace ineffective solution attempts with new and different responses to the problem.

- *Changing the schedule or timing of the problem.* For a student who frequently talks to other students during class time, designate the first minute of class as social time, during which the student is encouraged to intensely socialize with friends without the interruption of classroom instruction. For a student who reportedly worries all the time, schedule occasional 5-minute worry times during which the student is invited to devote his or her full attention and energy to worrying.
- *Changing the intensity of one's response to the problem.* If a teacher usually reprimands or redirects the student in a loud voice from across the classroom, encourage the teacher to slowly approach the student's desk and whisper.
- *Changing the order of events in the problem pattern.* In a pattern in which the teacher usually confronts the student about misbehavior at the end of the class period and the student typically apologizes, invite the student to apologize when arriving to class each day to get it over with.

- *Interrupting the problem pattern before it gains momentum.* In a pattern of repetitive arguments between the student and a teacher or parent, encourage the caregiver to say, "Excuse me, I'll be right back," on the first sign of an argument, and then to walk away and begin doing something else (e.g., walk across the classroom, talk with someone else).
- *Adding or subtracting one element to or from the problem pattern.* For a student who rarely does homework, encourage the student to turn in something for every homework assignment, if only a ticket, a coin, or a piece of paper with a name on top.
- *Breaking up any element of the problem into smaller elements.* In a situation in which the teacher has to continually remind the student to bring classroom materials such as a notebook, pencil, book, and other required materials to class each day, invite the teacher to walk up to the student, kneel down at eye level, and meticulously review every single item needed for class, perhaps even discussing the qualities or history of items, such as the pencil, eraser, and paper.
- *Changing the format of the problem.* For a student who frequently interrupts classroom instruction with similar comments and questions every day, have the student write the questions and comments on a sheet of paper that can be reviewed by the teacher at designated times of the day.

Inviting clients to alter some aspect of the problem—without implying that they should stop doing it altogether—supports the cooperative aspect of solution-focused counseling by implicitly acknowledging that clients have good reasons for acting the way they do. Strategies for changing the doing promote positive outcomes by replacing ineffective solutions with different responses to the problem. As evidenced in the examples that follow, interrupting business as usual by doing something different creates possibilities for rapid change.

Examples of Changing the Doing

If you want something different, you have to do something different.

—Anurag Prakash Ray

The following examples illustrate the process of changing the doing with a variety of clients and school problems.

Take Two

This example involves an academically capable third grader named Ari, who had difficulty completing classroom assignments during independent work time. His grades were good, he worked well with other students, and he was generally a polite and cooperative student. When given an assignment, however, Ari would sit at his desk and do little if any work.

Ari's teacher, Lisa, was very frustrated by the time she contacted the counselor. She had tried several reasonable strategies to encourage more work, such as praise and positive reinforcement for increased work completion and staying after school to complete unfinished work. None of these methods resulted in more work, yet Ari's performance on weekly tests indicated that he was learning the academic skills and content expected of third graders. Although Lisa was glad that he was learning, she was concerned that it was only a matter of time before he would start falling behind in his academic work.

The counselor validated Lisa's frustration and complimented her for trying many different strategies with Ari, then asked how willing she was to try something very different. "I'll try anything at this point," Lisa replied. After exploring a few different ways to interpret and respond to Ari's problem, Lisa decided to change the viewing and doing of the problem by (a) viewing Ari's behavior as a sign of his deliberate, reflective, thoughtful approach to schoolwork and (b) encouraging him to stop and think for 2 minutes before beginning any independent assignment. When asked how she would know if her plan was working, Lisa said that she would compare Ari's future work to his past performance, which would be easy to do given the minimal amount of work that he had completed in recent weeks.

Lisa presented the new plan to Ari the next morning and reminded him to "take two" each time she assigned independent work throughout the school day. There was no change in the amount of work that Ari completed for the first 2 days. On the third day, however, Ari started working on an assignment about 5 minutes after it was given. He did the same thing two more times that day. On the fourth day, he started working on the first assignment of the day as soon as it was given. Lisa approached his desk and quietly reminded him about the "stop and think" plan, to which he responded, "That's okay. I really don't need to." Lisa accepted his decision and told him that he could "take two" whenever he needed to on future assignments. He thanked her, got back to work, and rarely exercised the option to take 2 minutes before starting assignments during the rest of the school year.

This example illustrates how easy it is for teachers and students to get caught in repetitive patterns of interaction, even when the results are undesirable for everyone involved. Lisa's attempted solutions, although logical and reasonable, were simply not working. To her credit, she was open to the idea of doing something different and it paid off for her and Ari. Lisa crafted a simple, respectful intervention that combined elements of changing the viewing (from viewing Ari as stubborn to viewing him as thoughtful) and changing the doing (from repeatedly urging him to do more work to reminding him to stop and think before starting assignments). Once Lisa adopted a more cooperative approach instead of pushing directly against the problem, things started to improve and Ari was able to change with dignity.

A Musical Solution

Billy, age 4, attended a half-day preschool program for students with disabilities. The classroom consisted of six other students, Jan (the teacher), and Carmen (Jan's teaching assistant). According to Jan, Billy had developed the habit of "cursing like a sailor" as soon as he exited the school bus and entered the classroom in the morning, and periodically during the school day.

Jan and Carmen were experienced professionals with an impressive track record of working with the most challenging of situations. By the time they requested assistance, they had tried several reasonable interventions, including the following:

- *Redirection:* Redirecting Billy's attention to a classroom object or activity immediately following his cursing
- *Language substitution:* Responding to curse words with an alternative word (e.g., "Billy, you mean *shoot* or *fudge*")
- *Behavior modification methods:* Rewarding Billy for short periods of not cursing and establishing a token economy system whereby Billy received buttons for acceptable behavior and lost a button for cursing

As sensible as these methods were, nothing had any lasting effect on Billy's cursing. When contacted about the problem and ideas for resolving it, Billy's mother said that she was also stumped by the behavior and had no ideas for resolving it. She was very apologetic and embarrassed by the situation, and she told the counselor and school personnel to do whatever they thought was best to help her son.

Jan and Carmen were at their wits' end by the time they met with the counselor. After discussing the details of the problem and attempted solutions, the counselor commended them on their persistence and encouraged them to try something different in the following way:

> *Counselor:* You've done an incredible job. I can't imagine how frustrating this must be for you. We all seem to agree that something very different is needed. I don't know what that would be, given everything you've already tried, but I have an idea for you. It's obvious that you're both creative people, and I'm going to suggest that you try something very different the next time Billy curses, something entirely different from anything you've tried so far.
>
> *Jan:* Anything?
>
> *Counselor:* Anything, as long as it's ethical. It can be *anything,* as long as it's really different from what you have already tried.
>
> *Carmen:* Like what?
>
> *Counselor:* That's just it. I don't know. As creative as both of you are, I'll bet you'll think of something. Are you willing to try?
>
> *Jan:* Sure, we can try.

About 1 week later, Jan and Carmen proudly informed the counselor that the cursing had stopped completely on implementation of the new strategy. Drawing on her love of mariachi music, Carmen decided to burst into song and dance as soon as Billy cursed. Carmen was waiting for Billy as his bus arrived the next morning. True to form, Billy greeted her with a few choice words as he exited the bus. When Carmen launched into her spirited song and dance routine, Billy stopped in his tracks and stared at her during the entire episode, which lasted about 20 seconds. He slowly and quietly entered the classroom with Carmen at his side, occasionally glancing up at her with a puzzled look. Carmen's encore performance occurred a few minutes later in the classroom, except this time she hopped up on a small table to enhance the effect. Billy watched in wonder, occasionally glancing at other students as if to make sure that what he was seeing was real. Billy stopped cursing from that day forward, and no additional problems were reported for the rest of the year. Jan and Carmen's willingness to experiment a little and alter their response to the problem turned out to be the difference that made a difference.

How Can You Mend a Broken Heart?

Bruce, an 18-year-old high school senior, was referred by his math teacher, Mr. Howard, because of a sudden change in behavior and attitude. During the week preceding the referral, he left class twice without permission and spoke harshly to the teacher and other students on several occasions. These behaviors were very uncharacteristic of Bruce, who had always displayed a calm demeanor and spoken politely to both teachers and students.

The counselor began the first meeting by asking Bruce whether he knew why Mr. Howard had requested counseling for him. Bruce replied that he had been "feeling and acting strange" and that he understood why Mr. Howard asked him to talk to a counselor. He explained that he had recently broken up with his girlfriend, whom he had gone out with for 2 years. He added that he hadn't slept

more than 3 hours a night since the breakup and that he "could not stop thinking about it." Bruce looked very distraught and fatigued throughout the session.

The counselor asked Bruce what he viewed as the most important problem or issue: the breakup itself or worrying and thinking about it. Bruce said that the relationship was definitely over and that his biggest concern was "worrying" and "not being able to get it out of my head." When asked about attempted solutions, Bruce indicated that he tried to avoid unpleasant thoughts and feelings. Whenever he thought about his ex-girlfriend or the breakup, he would immediately try to think of something else. Bruce acknowledged that this strategy was not working well, but he didn't know what else to do. Bruce was getting plenty of advice from others as well. His best friend urged him to "just get over it," and his mother attempted to console him by reminding him that "there are more fish in the sea." Bruce said that he understood what they meant and knew they were right. However, he could not shake these thoughts from his mind. He thought about it "all the time"—at school, at home, and while working at his restaurant job.

Bruce's description suggested a problem pattern in which the harder he tried not to think about it, the more he thought about it. The more he thought about it, the harder he tried not to think about it, and so on. When asked whether it helped to think about it, Bruce said it helped a little because it provided some insight into the breakup. The following dialogue ensued:

> *Counselor:* I don't know how anybody could stop thinking about something that's so important in their lives as this is for you. I'm also not sure it's a good idea to stop thinking about it, since it may help you to figure out some things about the relationship. You know, where things went wrong and stuff like that. In fact, thinking about it might not be what's keeping you up at night. It might be that you're not giving it the proper focus and attention it deserves.
>
> *Bruce:* [*looking confused*] What do you mean?
>
> *Counselor:* Well, I'm just wondering whether you can do it justice by trying to think about it in the midst of distractions at school and work. How can you properly clear your head and really think clearly about it if the teacher is talking to you about school stuff, or your boss is telling you to do something at work?

This suggestion invited Bruce to consider something very different from his attempted solution of "trying to forget about it." It also ran counter to his mother's and friend's advice to forget about it. The counselor continued to validate Bruce's perceptions about the importance of the breakup while exploring different ways to "do justice" to this important issue.

> *Bruce:* It's hard to think about anything at work.
>
> *Counselor:* Would you say your performance at work and school has been better, worse, or about the same since you broke up?
>
> *Bruce:* A lot worse.
>
> *Counselor:* A lot worse. So, not only is it hard to think clearly about the breakup, but school and work and sleep are not going as well for you.
>
> *Bruce:* Right.
>
> *Counselor:* What time of day would it be the easiest for you to really concentrate on this and give it some thought instead of trying to do it at school and work? You know, a 15- to 20-minute period where you might really be able to focus and perhaps figure something out?
>
> *Bruce:* I guess after dinner.
>
> *Counselor:* Would you be willing to try an experiment where you would pick a few days during the coming week to use that time to really focus in and think about the breakup?
>
> *Bruce:* Yes.
>
> *Counselor:* Which days do you want to try it?

Bruce's attempted solution of "trying real hard not to think about it" actually intensified the problem. The counselor's suggestion to invite what he dreaded by thinking about the problem instead of avoiding it sought to interrupt previous solutions and replace them with something different. Bruce decided to schedule 20 minutes of "think time" every other evening.

Bruce arrived for the second counseling session looking considerably calmer and more energetic than he had the week before. He reported that things were better and that he was not worrying as much. He said that he engaged in about 10 minutes of think time the first night and 5 minutes the

second night but decided not to do it after that. Bruce's teacher reported that he seemed like his old self again. No additional concerns were reported during the remainder of the year. For Bruce, the answer to the age-old question, "How can you mend a broken heart?" was to do something different.

When Less Is More

A sixth grader named Angela was described as a "constant nuisance" to the principal, teachers, counselors, and anyone else who would listen to her lengthy complaints about how other students bothered her. On a typical school day, she talked to three or four staff members for several minutes at a time about these concerns.

After investigating the situation and finding no major support for her accusations, the school counselor and various teachers talked with her numerous times to offer support and understanding in an attempt to discover the real problem underlying such behavior. Angela's complaints increased even more. Angela's school counselor, Ms. Swink, requested consultation from another counselor.

In an effort to interrupt existing solutions and alter the problem pattern, the second counselor suggested that Ms. Swink and Angela's teachers present a message to her by way of the following letter:

> Dear Angela,
>
> We've discussed how frustrated we are that we cannot give you and your complaints our closest attention when you talk to us about them during class time and in the hallways. We have an idea that will give you the respect and attention you deserve. Ms. Swink has agreed to reserve 5 minutes a day just for you to talk with her about anything you choose. You can report to her office immediately following fifth period on any day you choose to. We're very pleased that we could arrange this for you.

Every teacher reported an immediate and marked decrease in complaining, and several said that they did not hear another complaint the rest of the year. Angela met with the school counselor 3 days the first week and about one time per week after that. Although some meetings included the familiar complaints, they were infrequent and less dramatic than they had been in the past.

Instead of repeating previous solution attempts by trying to uncover the underlying problem of her complaints, the counselor altered the problem pattern by scheduling daily 5-minute counseling sessions and limiting the number of school staff involved. The intervention also respected Angela's perception of the problem as urgent and serious and her teachers' desire to help her.

To Skip or Not to Skip, That Is the Question

William was an academically talented high school senior in jeopardy of not graduating as a result of high absenteeism from school. In an effort to increase his school attendance and work completion, his teachers and parents frequently lectured him on the importance of being responsible and taking school seriously. Various incentive methods had also been tried, but none had helped to turn things around. For example, his parents had promised to pay for part of his summer vacation if he improved his school attendance. School attendance had become a daily conversation topic between William and his parents. He was referred for counseling in late March of his senior year.

Everyone involved, including William, expressed frustration and motivation to improve the situation. To interrupt attempted solutions, the counselor suggested that the parents and teachers (a) observe the problem without discussing it with William and (b) document what was different about the days that William successfully attended school. The counselor explained that this would help him learn more about the situation as well as provide a chance for everyone to consider other possible solutions.

During the first meeting, William expressed a dilemma when asked what he wanted from counseling. It was obvious that he cared about his parents and teachers and did not want to upset them. He also wanted to graduate, yet he greatly enjoyed skipping school with his friends. Instead of arguing with William or challenging his position, the counselor chose to go with the flow. The benefits of skipping were candidly discussed. At one point, the counselor asked William why he attended school at all given how much fun he had skipping. Questions such as,"What are the disadvantages of attending school?" validated his ambivalence and invited him to discuss the problem in a way that was very different from what he was used to.

The counselor explored exceptions to the problem by asking William and his parents and teachers

what was different about the days he attended school. For example, the counselor asked William, "How do you manage to get yourself to school on certain days despite the strong urge to skip?" These questions changed the problem pattern by shifting the focus of conversation from what William was not doing to what he *was* doing to accomplish his goal of graduating and getting along better with his parents and teachers.

Trying something different yielded favorable outcomes for William. His school attendance improved from 40% (January through March) to 80% (April and May) following the initial counseling session. When asked for his explanation of the change, William said he finally realized he was "screwing himself" and that he would not graduate unless he "got his act together" and attended school more often. It is ironic that these were the very points or lessons that his parents and teachers were lecturing him about.

Perhaps backing off the lectures and giving William the chance to freely discuss his ambivalence about school attendance allowed him to shift from defending his position to examining his attendance choices in light of his bigger goals of graduating and getting along with his parents. In an effort to empower these changes, the counselor asked William how he resisted the urge to skip. William replied, "I remind myself how awful it would be to work at the restaurant I'm working at now for the rest of my life. That helps me make it to school." William graduated with the rest of his class in June.

Let's examine this from the standpoint of interrupting ineffective solutions and doing something different. The parents and teachers discontinued their lectures and observed the problem instead. The counselor's approach was also very different from previous interventions. Instead of lecturing or arguing with William about his choice to skip school, the counselor went with the flow and fully cooperated with William's perspective.

With William and the other clients in this section, suggestions for changing the doing were made with careful attention to each client's frame of reference and goals. Notice also that none of the interventions was overly complex or time consuming. As we have seen throughout the chapter, sometimes all it takes is a willingness to do something different.

Summary and Conclusions

Drawing from brief therapy approaches, this chapter presented several strategies for changing the doing of the school problem—trying the Do Something Different Task, observing the problem, inviting what you dread, and going with the flow—all of which disrupt the problem cycle by replacing ineffective solutions with very different responses to the problem. Changing the doing was illustrated by real-life examples involving a wide range of students, parents, and teachers. Examples included a teacher concerned about a third grader's work completion problem (*Take Two*), a preschooler who cursed like a sailor (*A Musical Solution*), a distraught high school student (*How Can You Mend a Broken Heart?*), a seventh grader who complained of being harassed by other students (*When Less Is More*), and a high school senior who skipped school (*To Skip or Not to Skip, That Is the Question*).

In addition to illustrating various ways to interrupt the problem cycle by doing something different, this chapter demonstrated how difficult it is for people to let go of unproductive solutions despite the ineffectiveness of these solutions for changing the problem (think "old shoes"). Instead of becoming one more voice in the more-of-the-same chorus, we can offer something different by inviting students and others to change the doing of the problem.

Discussion and Practice

1. Think of a current problem in your own life. What have you or others done to help resolve it? How successful have these efforts been? Do any of these attempted solutions seem to perpetuate the problem instead of improving things? If so, try doing something different—*anything* different—to alter the problem pattern, and observe any differences that result from your new approach.
2. Have your partner describe a school problem in the role of a parent or teacher, and suggest a change in the performance of, or response to, the problem. Switch roles and repeat the exercise.
3. Think of a school problem with which you are currently working. Describe the problem in specific terms (who is saying/doing what to whom, what happens next, etc.). How could the problem be performed differently (at a different time, in a different place, or in a different way)? How could you suggest this to your clients in a way that would be acceptable to them?
4. Select a specific strategy for changing the doing from among those presented in Chapter 9 and write out a short, specific plan for applying the strategy with yourself or one of your clients.
5. Pair up with a partner to select and discuss one of the chapter's client examples by addressing the following items: (a) How did people's attempted solutions perpetuate the problem? (b) How did changing the doing interrupt existing solutions and alter the problem pattern? (c) How was the invitation to do something different presented to the client(s), and why do you think it was effective? and (d) How might you apply any lessons from this example in your future work?
6. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 10

How and When to End Counseling

Chapter Objectives

- To highlight the importance of ending counseling in a collaborative, hopeful, systematic way
- To provide practical strategies for partnering with clients to terminate formal counseling services

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People put so much effort into starting a relationship and so little effort into ending one.

—Marina Abramovic

This chapter offers practical guidelines for how and when to end school-based counseling services. Sometimes the decision to end counseling is made for us. Students move away, the school year ends, we are assigned to a different building, or other circumstances force an abrupt end to counseling. These are the realities of school-based counseling over which we have little control. In most situations, however, we have the opportunity to terminate counseling in a more planned and systematic way. The following suggestions help counselors and clients formally end services in a systematic way on an effective and hopeful note. Because every counseling situation is unique, you will need to adapt these ideas to fit your specific clients and circumstances.

Approach Every Session as If It Were the Last

Time constraints and other realities of school-based practice support the strategy of approaching every counseling session as if it were the last. As seen throughout this book, every contact with a student or caregiver offers solution opportunities—opportunities that can emerge at any stage of the counseling process. Approaching each session as if it were the last urges counselors and clients to focus on specific goals and be watchful for any sign of solutions.

Use Goals as Guidelines

Goals are the most useful guidelines for determining when to end counseling. Termination decisions are most effective when counselors and clients begin with the end in mind by developing specific goals at the very outset of counseling. Consider how much easier it is to determine a student's success in meeting the specific goal of arriving to school on time compared to the more abstract goal of being less depressed. In addition to enabling us to detect small improvements throughout the counseling process, specific goals make the task of ending counseling easier and more systematic.

The purpose of solution-focused counseling is to help people resolve specific problems. Resolving a specific problem is hard enough, and it is unrealistic for school practitioners to take on much more than that. Being clear with ourselves and our clients about the goals and scope of school-based counseling facilitates effective decisions about when to end counseling. These ideas lead to the next suggestion.

End Counseling When Clients Are on Track

The total and complete resolution of a school problem is neither a realistic nor required criterion for ending counseling. Termination should be considered when clients are on track toward resolving the problem and have a clear understanding of what they are doing successfully to stay on track. Concrete, measurable indicators of progress are very helpful in this regard. These indicators should be established at the beginning of counseling when possible (e.g., "How will we know when counseling is no longer needed?" "What will be the first small signs of success?" and [*pointing to the Child Outcome Rating Scale*] "You marked a 4.5 on the School line. What will a 5 or 6 look like?"). Concrete indicators of goal attainment might include specific levels of improvement in school attendance, grades, or number of discipline referrals per week. The more specific the goal is, the easier it is to tell when clients are on track toward reaching it.

Provide a Proper Sendoff

As indicated in the chapter's title, there are two aspects involved in ending a formal counseling relationship: *when* to end it and *how* to end it. As discussed previously, decisions about when to end counseling are facilitated by processes and actions that occur early on and continue throughout the helping process (e.g., concrete goal formulation and progress monitoring). The same can be said for decisions about how to end counseling.

Providing a proper sendoff for clients begins by establishing a culture of collaboration and empowerment from the very outset of services. In solution-focused counseling, clients are invited to collaborate on all major aspects and decisions in the change process. When positive changes occur, counselors empower these improvements by giving clients credit, exploring their plans to continue making changes, preparing for potential setbacks, and shoring up natural resources in clients' lives to help them sustain their success.

The following conversation with a seventh grader named Felipe illustrates how to collaborate with clients on termination decisions, empower their success, and leave the door open for future contacts:

Counselor: I'm really impressed with the changes you've made at school, Felipe. I know how hard you've worked to make it happen.

Felipe: Thanks.

Counselor: Are you planning to continue these changes?

Felipe: Definitely.

Counselor: What will it take for you to keep things moving in the right direction?

Felipe: I've got to keep up with my classes and keep acting better in class instead of skipping class and playing around like I used to.

Counselor: Those are not easy things to change, especially when they've been going on for such a long time. Who are the people in your life that want you to continue to do well at school—the people on your "support team" who would be willing to do whatever they could to help you succeed in school and life?

[*As Felipe names several people who would support his efforts to sustain improvements at school, he and the counselor discuss specific ways in which he could enlist their support*]

Counselor: When people make important changes like you have at school, there are usually some bumps and slips along the road. Things might go well at school for a few days, then maybe there's a bad day, another few good days, and so on. Does that make sense?

Felipe: Yes.

Counselor: It's a normal part of making big changes like you've made. The important thing is how you handle these setbacks when they happen. What can you do when you have a setback at school and things don't go as well as you want them to?

[*Felipe and the counselor discuss various strategies for handling future setbacks*]

Counselor: With all these changes you've made, along with your plans to keep doing what's working, what do you think about us scaling back and not meeting each week like we have been?

Felipe: That's okay, but if I start messing up, we might need to meet.

Counselor: Absolutely, Felipe. In fact, we can plan to meet again in a month or so to visit for a few minutes and check up on things. How does that sound?

Felipe: Fine.

Counselor: If you want to meet for any reason before then, let me know and we'll set it up. Okay?

Ending Counseling With Students Who Do Not Want It To End

Some students want to continue meeting even after they have made improvements and are on track toward continued success. The following ideas may be useful in these situations. First, we can offer compliments and validate the student's desire to continue ("It takes a lot of courage to discuss problems with someone else and to make the kind of changes you've made the past few weeks. I appreciate the fact that you want to keep meeting. It shows how committed you are to doing well at school"). Second, we can explain that we are required to help many other students who are experiencing serious problems much like those that the student has experienced and improved. This promotes empathy between the current student and those who are awaiting our services. Third, we can ask students, parents, and other clients whether they are willing for us to call on them in the future for ideas and suggestions to help others with similar problems. Students can be invited to join the Consultant Club for this purpose, as described in Chapter 6. Finally, offering an open door for future contact seems to reduce students' apprehension about ending counseling.

Ending counseling is the last of several tasks in the counseling process. Appendix G pulls the process together by outlining each major task of solution-focused counseling in schools. As an additional guide, Appendix H provides a format for conducting first and subsequent counseling sessions.

Summary and Conclusions

Decisions about how and when to end counseling can be difficult in some situations. Establishing clear goals lays the groundwork for effective termination decisions. Like other major decisions in solution-focused counseling, the decision to end counseling is made in collaboration with clients. This chapter provided practical ideas and suggestions for how and when to end counseling, including approaching every session as if it were the last, using goals as guidelines, ending when clients are on track, and providing a proper sendoff. The chapter also offered strategies for ending counseling with students who do not want it to end. Chapter 11 offers troubleshooting strategies to consider when things aren't going as planned in counseling.

Discussion and Practice

1. Think of a situation in which counseling was successfully ended, and consider what you and the client did to make it successful.
2. With a partner serving as the client and you as the counselor, conduct a short counseling session as if it were your first and last session. Make note of any differences between your approach to this session and your usual approach.
3. What are some methods that you have used, or thought of using, to handle situations in which students do not want to terminate counseling? What else could you do in these situations?
4. List one small step that you will take in your future work as a result of the information in this chapter.

Part Three
Troubleshooting, Other Applications, and Getting Started

Chapter 11

Troubleshooting When Things Don't Go as Planned: 10 Tips

Chapter Objectives

- To point out that no one is effective with all clients and that every practitioner encounters situations in which counseling stalls
- To offer 10 troubleshooting tips to consider when things stall in counseling and do not go as planned

• • •

Failure is not fatal, but failure to change might be.

—John Wooden, basketball coach

Most counseling books—including this one—present successful scenarios to illustrate the intended effect of their approach. But things do not always go as planned in the trenches of everyday practice. Strategies that seem perfect for the situation and that are supposed to work, according to some theory or textbook, do not always work. Despite our best efforts, we occasionally get stuck and counseling stalls.

Regardless of expertise or experience, no one is effective with every client. To be more specific, empirical studies of psychotherapy and counseling suggest that practitioners are, on average, successful with about 50% of their clients; the very best of practitioners are successful with about 70% (Hansen & Lambert, 2003). This means that the most effective counselors will, at best, probably fail with about one out of every four clients. These percentages usually come as a shock to helping professionals because we are notoriously optimistic *and* inaccurate when it comes to predicting counseling outcomes (basically, we think every person we work with will improve). Optimism is a good quality for counselors but not when it obscures our ability to recognize and respond to situations in which counseling stalls and clients are not benefitting.

The good news in all this is that there are many useful ways for practitioners to respond when counseling stalls and is not going as planned. This book encourages counselors to never give up on clients and to try something different when things aren't working. This chapter rounds out this discussion by offering 10 troubleshooting tips to consider when counseling stalls and nothing seems to be working. Each tip is presented in the form of a question.

1. What Does the Client Say?

The first thing to do when counseling stalls is to consult the client. This book encourages you to consult with clients and request their feedback from the beginning to the end of counseling. At no time is client feedback more crucial than when counseling is not working.

As noted in Chapter 4, client feedback can be obtained through informal or formal methods. In addition to simply asking questions (e.g., "What can we do different here to make things better?"), we can follow up on the client's responses to the Outcome Rating Scale (ORS) and Session Rating Scale (SRS). When the ORS indicates no progress, we can say, "Things are about the same as they were last week. What do you think we should do about it?" We can respond in a similar way to the client's feedback on the SRS (e.g., "You marked this line a little lower than the rest [*pointing to the Approach or Method scale*]. What can I do differently to make these meetings more useful?"). Appendix C provides additional examples of how to respond to various kinds of client feedback.

Regardless of what methods you use to obtain client feedback, it is crucial to ask for this feedback at the earliest sign of a problem, be it a lack of progress or problems with the alliance. Research makes it clear that if counseling is not working for clients within the first two or three sessions, it is probably doomed—*unless* we openly address the issue with clients and collaborate on changing things before it is too late. If we are genuinely committed to helping people change, then we should encourage and welcome their negative feedback when counseling is not working. Accepting and responding to negative feedback in an open, nondefensive manner speaks volumes about our respect for students and caregivers, our commitment to being useful to them, and our willingness to adjust services based on their feedback. The simple fact that underlies this discussion is that *everyone appreciates being asked for their opinion on matters that deeply involve them.*

Although counselors might address several of the questions in this chapter during the process of obtaining and discussing client feedback, the questions are listed separately to highlight their importance in the troubleshooting process.

2. Is There a Stated Goal?

The fact that three questions in this chapter are related to goals confirms the importance of goal-related considerations in the counseling and troubleshooting process. The most basic consideration of all—and I don't mean to insult your intelligence here—is whether there is a goal in the first place. I learned this lesson years ago after telling a counseling colleague how much difficulty I was having with one of my clients. After patiently listening to my frustrations (like a good counselor), my colleague calmly asked, "What is your stated goal?" This question stopped me in my tracks because there was no stated goal—no wonder we were going around in circles! As the saying goes, "If you don't know where you're going, you probably won't get there."

3. Is the Goal Specific and Reasonable?

Vague and unrealistic goals impede progress, as can the counselor's or client's expectation that big changes will occur instantly. Even though solution-focused counseling is designed to promote change as quickly as possible, some changes occur at a slow pace and in small steps. Counselors and clients may overlook small but important changes in a chronic problem situation because they are so used to seeing the problem. Setting specific and reasonable goals helps us and our clients notice small signs of progress.

4. Whose Goal Is It?

Determining who owns the counseling goal is always important, but especially so when you find yourself working a lot harder than the person sitting in front of you to bring about a change. Asking "Whose goal is it?" captures one of the most overlooked considerations of all in working with young people and school problems. Given that most students enter counseling as mandated clients at someone else's request, we need to make sure that we are working on goals that are personally meaningful to them. This may require that we negotiate different goals with students, parents, and teachers. For example, if the teachers or parents want the student to "take school more seriously" but the student does not buy into this goal as stated, we can ask the student whether she is interested in finding ways to get her teachers or parents to "back off and stop nagging" her about school. Although they are worded differently, both goals are aimed toward similar actions and outcomes—turning in more homework, arriving at school on time, behaving better in class, earning higher grades, and so forth.

There is nothing more frustrating than working with students on goals that belong to other people but not them. It is a formula for failure and frustration. Making sure that whatever goal we are working on is a goal that matters to the people sitting in front of us is one of the best ways to enlist their cooperation and motivation.

5. Is the Client Apprehensive or Ambivalent About Change?

Although people may genuinely want to change, they might also be ambivalent or apprehensive about it. For example, a student may truly want to improve school behavior while being concerned about the possibility of losing friends as a result. Unless this issue is candidly addressed with the student, counseling usually stalls, and both parties become frustrated. Two strategies may be particularly useful in these situations: (a) Invite the client to go slowly in making changes (e.g., "Sometimes it's best to take things slow and easy"), and (b) explore the potential disadvantages of change (e.g., "I'm wondering if there are any downsides or disadvantages of changing your school behavior. What do you think").

"Go slow" interventions are often helpful with anxious or apprehensive clients who view change as overwhelming and improbable. The suggestion to take it slowly instead of rushing may relieve people's apprehension, permitting them to pursue change at a pace that is comfortable for them. Asking students about the disadvantages of change acknowledges and validates their ambivalence. Consider Dillon, an eighth-grade student who responded to the question about the disadvantages of change by stating that he made jokes in class to make his friends laugh and that he would be letting them down if he stopped making jokes. He added that school would be more boring without the jokes. His classroom behavior improved markedly after we discussed this and other possible disadvantages of change, along with additional ways he could maintain friendships and cope with boredom without getting in trouble at school.

6. Is Counseling Compatible With the Client's Position?

Counseling is bound to fail when it is out of sync with the client's position—that is, with the client's ideas, experiences, language, preferences, and expectations related to the problem, the solution, and the role of the counselor. Sometimes we become overly charmed or forceful with our own ideas, forgetting that it's all about the client when it comes to successful outcomes. Solution-focused counselors, like anyone else, may become overzealous to the point of being "solution forced" and ignoring or invalidating pain, frustration, and other important aspects of the client's experience of the problem. Given the vital role of client involvement in successful outcomes, examining the extent to which the counseling process is compatible with the client's position is one of the most helpful troubleshooting tips to consider when counseling is not working. This is another area in which the tools and techniques of client feedback—particularly feedback on the therapeutic alliance using the SRS—can be very helpful.

7. Is Counseling More of the Same or Something Different?

By the time a counseling referral is typically made for a school problem, several interventions have already been implemented. The last thing we need to do is to become one more voice in the more-of-the-same chorus. Consider a situation in which a student has been lectured extensively by parents and teachers regarding the negative consequences of truancy, to no avail. At this point, it is inadvisable for the counselor to join the chorus by pointing out additional consequences of truancy —lower salaries of high school dropouts or other issues that might not have been adequately covered by the parents or teachers. If you or your clients perceive counseling as more of the same, then it is time to do something different.

8. Is My View of the Situation and the Client Helping or Hindering Progress?

This suggestion addresses the distinction between the facts and the interpretations of a school problem. Facts are clear-cut and nonnegotiable—the student hit another student or was absent from school on three consecutive days. They are simple behavioral facts that everyone can agree on. Interpretations, in contrast, are much more flexible and negotiable than facts. We *choose* our interpretations of the client and the situation, and some are more useful than others when it comes to helping people change. For example, the fact that a client does not implement one of our suggestions can be viewed as a sign of resistance or as useful feedback indicating the client's need for a different approach or suggestion. In solution-focused counseling, viewing clients as resourceful and cooperative is seen as more productive than viewing them as resistant or unmotivated. The next time you hit a snag in counseling, consider asking yourself, "Is there a different and more productive way that I could view the client or situation?"

9. Who Else Could Offer a Fresh Perspective?

Consulting with colleagues often provides new and fresh ideas when we get stuck. Regardless of one's creativity and problem-solving skills, no one is immune to getting stuck in unproductive patterns with clients. Sometimes one small suggestion or observation from a colleague can turn things around and get counseling back on track. Even if you are the only one in the building who does what you do, you can conduct an imaginary consultation with a respected colleague and see what results from the conversation. (It's probably best to keep such conversations silent depending on your job security!)

10. Who Else Might Be More Effective With the Client?

Some clients would be better off with a different counselor. As noted earlier, none of us are effective with every client for a variety of possible reasons, some of which have nothing to do with anything we did wrong. Clients may insist on working with a counselor of the same gender, race, or religion. If such options exist, then it is best to accommodate the client's request. Other circumstances may also prompt us to consider referring the client to someone else. When change has not occurred after several meetings, despite our best efforts to adjust services on the basis of client feedback, we can talk with the client about seeing another counselor if that is possible.

Having worked in a variety of schools, I realize that the option to refer people to another practitioner within the same school may be limited or nonexistent. In these situations, we are left to do the best we can with what we have, which often involves having candid conversations with clients about what we (or they) can do differently to make counseling more effective. In addition to considering these suggestions, counselors should follow the recommendations and guidelines in Sections A.10 and A.11 of the *ACA Code of Ethics* (American Counseling Association, 2014) when referring clients to others.

Summary and Conclusions

This chapter offered 10 troubleshooting tips to consider when counseling stalls and things are not going as planned. I have found these strategies useful in navigating the inevitable obstacles and roadblocks encountered in school-based counseling. Chapter 12 illustrates the versatility of solution-focused practice by describing various ways in which solution-focused ideas and methods can be applied in schools beyond the counseling context.

Discussion and Practice

1. Make a list of current clients who are progressing very slowly or not at all, and ask yourself the following goal-related questions for each case:
   - Is there a clearly stated goal for counseling?
   - If so, is the goal clear and reasonable?
   - Whose goal is it? Does the client own the goal? Do you need to negotiate differently worded goals for the student and other people involved?
   - Is the goal worded in a way that fits the client's position?
2. Think of a current situation in which you feel stuck. Who could you talk to about ideas and suggestions for getting unstuck? You can also make an offer to similarly assist one of your colleagues. Perhaps you and some colleagues could schedule a monthly brainstorming meeting to discuss ideas and strategies for dealing with difficult counseling situations.
3. The next time you encounter a roadblock in counseling, ask for the client's opinion on getting unstuck.
4. If you are unable to consult with others about counseling challenges, try conducting an imaginary dialogue with a creative practitioner who offers a fresh and different perspective (it could even be someone you recall reading about in school or someone you have heard at a workshop).
5. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 12

Other Applications of Solution-Focused Practice in Schools

Chapter Objectives

- To cast solution-focused practice as a versatile approach that offers many possibilities and applications in schools
- To describe nine additional applications of solution-focused practice in schools beyond counseling

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The best way to predict the future is to create it.

—Peter Drucker

Solution-focused practice offers a fresh and different way of approaching school problems and solutions. Although this book focuses on counseling for individual school problems, there are many other ways that solution-focused ideas can be applied in schools. This chapter describes nine other applications that illustrate the versatility and usefulness of solution-focused practice in schools.

Classroom Management and Teaching

The principles and practices of solution-focused counseling fit well with research and the best practices literature on effective teaching and classroom management. For example, several researchers (Baker, Grant, & Morlock, 2008; Hamre et al., 2013) have linked positive academic and social-behavioral outcomes of children and adolescents to teaching approaches that

- respect the integrity and individuality of students
- demonstrate confidence in their ability to act responsibly
- encourage them to examine and resolve their problems
- involve them in classroom discussions and decisions
- foster positive student–teacher relationships

Just as solution-focused therapy emphasizes the importance of client–therapist relationships, a solution-focused approach to classroom management and teaching rests largely on student–teacher relationships that encourage students' active involvement in learning and decision making (Baker et al., 2008). Effective teachers manage the process and structure of the classroom while encouraging student involvement by (a) providing opportunities for students to experience success and to share their opinions and (b) connecting instructional topics and activities to the students' life experiences and interests (Doll, Brehm, & Zucker, 2004). For example, in presenting a geography lesson, the teacher might encourage students to read or write about a place they have visited or have a special interest in.

A solution-focused approach to teaching can also help prevent and resolve classroom behavior problems (M. S. Kelly, Liscio, Bluestone-Miller, & Shilts, 2012). Effective teachers recognize and build on their students' strengths and successes instead of attending only to their mistakes and problems (Goldstein & Brooks, 2007). For example, a teacher might ask a child who displays behavior problems to present a class report or write a paper on a personal hobby or strength. This strategy enhances the teacher–student relationship and highlights the student's unique talents and resources. The teacher could also request the child's opinion of what might improve things at school. Students appreciate the opportunity to have a voice in their own care and education; even when they have no specific ideas for improving things, inviting their input conveys respect and strengthens student–teacher relationships.

Berg and Shilts (2004) developed a solution-focused approach to teaching and classroom management for K–12 classrooms. The WOWW (Working on What Works) program seeks to improve teacher–student relationships by encouraging teachers to build on their strengths and their students' strengths while working collaboratively with students to establish classroom and individual goals. The WOWW program is based on the following solution-focused assumptions:

- Teachers want to have positive relationships with all children and provide them with learning environments and opportunities that will help them be successful in school and elsewhere.
- Students want to please their teachers and parents, learn new things, have input in their learning, belong to a group, and be accepted by other children and adults.
- Parents want to have a positive influence on their children and want their children to learn and succeed in school and in life.

The program incorporates solution-focused techniques such as compliments, exceptions, goal setting, scaling, and coping questions. Teachers make ongoing efforts to involve students in learning and decision making by requesting their input in regularly scheduled classwide and individual meetings with students. The WOWW program also includes a coaching element in which solution-focused mental health professionals provide consultation and technical assistance to teachers. In keeping with the cooperative nature of solution-focused practice, developers of the WOWW program recommend using it only with teachers who participate voluntarily. Preliminary research indicates that the WOWW program can be useful in increasing teachers' perceptions of their students as better behaved; increasing teachers' perceptions of their own effectiveness as classroom managers; and reducing student absenteeism, tardiness, detentions, and suspensions (M. S. Kelly et al., 2012).

Parent–School Relationships

The importance of parent–school relationships is supported by a large body of research linking students' school success to parent involvement (J. L. Epstein, 2011; Hornby, 2011). Parent conferences have been an integral part of school life for many years, and for good reason. As the primary caregivers in the student's life, parents and guardians hold a wealth of information and influence that can be recruited and applied toward school goals and solutions.

For some parents, the only time they are contacted by the school is when their child is in trouble. As one parent put it, "I drop my son off at school and leave as quickly as possible because I don't want to hear what else he's done wrong!" The solution-focused emphasis on recognizing student resources and small successes provides opportunities for teachers to contact parents when things are right, such as when the student has a better week at school. In addition to sharing positive news about students, school personnel can give parents credit by asking what they have done to contribute to their child's improvement.

When meeting with parents, school personnel can set a positive and collaborative tone by acknowledging parents' knowledge and expertise regarding their child: "You know Jerry better than we do, so we really appreciate any help you can give us here." Opening a meeting in this way lets parents know that we respect their unique wisdom and perspective and that we want to work *with* them on behalf of their child. We can also offer compliments ("He's lucky to have you in his corner") and ask parents to identify exceptions and other resources at home: "Pay attention to what is different about the times that you and Jerry get along better" or "Who does he look up to the most in the family?" These are just a few of the many possible ways that school personnel can strengthen parent–school relationships by approaching them from a solution-focused perspective.

Peer Helping Programs

Just as solution-focused counseling builds on client resources to bring about solutions, peer helping programs make use of the school's most valuable resources—the students themselves—to address a variety of school-related goals and problems. This section describes two types of peer helping programs:

- *Peer tutoring*. Peer tutoring is probably the most widely used peer-based intervention in schools. Individual and group tutoring programs have repeatedly been shown to improve the skills and school performance of tutors and tutees in a variety of areas (Bowman-Perrott et al., 2013), such as anger management (Presley & Hughes, 2000), classroom behavior (Tournaki & Criscitiello, 2003), reading (Dufrene et al., 2010), math (Kunsch, Jitendra, & Sood, 2007), and social skills (Ayvazo & Aljadeff-Abergel, 2014).
- *Peer mediation and mentoring*. In peer mediation and mentoring programs, students are selected and trained to provide social support and problem-solving assistance to other students. Peer mediation, a popular component of violence prevention and school safety programs, has been shown to improve school behavior and reduce out-of-school suspensions (Schellenberg, Parks-Savage, & Rehfuss, 2007). Peer mentoring programs typically link older students with younger students to provide support and assistance as needed. Peer mentoring programs have been effective in improving students' school performance and behavior as well as helping them make successful transitions from one school to another (DuBois & Karcher, 2014).

One of the most encouraging findings from research on peer-based interventions is that the interventions often benefit the students who receive assistance as well as those who deliver it (Bowman-Perrott et al., 2013). Some programs select challenging or struggling students to serve as tutors or mentors in the hopes that putting them in a helping role will improve their academic or behavioral success—and it often does. Enlisting troubled students as peer tutors demonstrates faith in their ability to help others and to contribute to the school's mission, which, in turn, increases their sense of belonging and reduces the likelihood of problem behavior.

Peer helping programs are based on the solution-focused idea that one of the best ways to address school problems and goals is to apply natural resources that already exist within the system. This theme is continued in the discussion of system-level change.

System-Level Change

Successful schools are continually changing to meet the ever-changing needs of students. Researchers and experts have identified the following features of successful organizational change (Cummings, 2015; Fullan, 2011): (a) clarity of purpose and goals; (b) respectful acknowledgment of the goals and concerns of those expected to implement changes and new programs; (c) analysis of organizational strengths, resources, and barriers that may impact goal attainment; (d) collaborative development, planning, and implementation of change strategies; and (e) collaborative evaluation of outcomes. If these features sound familiar, it is because they are almost identical to the ideas and methods of solution-focused counseling.

For meaningful and lasting changes to occur in schools, the purpose and goals of change must be presented in a way that is compatible with the hopes and values of teachers and other key stakeholders in the school system. As with interventions in counseling, the success of system-level programs depends largely on the input and ownership of those expected to implement them (Hersey, Blanchard, & Johnson, 2012).

In addition to capitalizing on existing strengths and resources within the school system—teachers, parents, students, ideas, and previous successes—the future-oriented emphasis of solution-focused practice invites everyone involved to shift their attention from past problems to future possibilities. For example, in discussing the implementation of a systemwide positive behavior support program, teachers and other stakeholder groups can be asked the following questions: “How will we know that this program has been successful 1 year from today?” “What will be different, and what will that be like for you?” “What will be the first small sign or hint that this program is working during the next 30 days?” These questions, along with other key features of solution-focused practice, speak to the relevance and promise of a solution-focused approach to system-level change in schools.

Parent and Teacher Education

Solution-focused techniques can also be integrated into continuing education programs and sessions for caregivers. For example, we can begin any meeting by inviting parents or teachers to briefly share their experiences related to the topic. In presenting a specific approach to behavior management, we could start by asking participants to share personal experiences, concerns, and questions related to the approach. I prefer to record their ideas exactly as they say them with no additional commentary, which conveys acceptance of their experiences at face value. Parents and teachers expect and appreciate expert knowledge on important topics, but they also appreciate the chance to be heard and to share their wisdom.

Teachers are required to participate in annual professional development (PD) sessions aimed at updating and maintaining their knowledge and skills. I learned a first-hand lesson on the benefits of involving teachers in the PD process when I taught high school. Of all the PD programs I participated in as a teacher, one program stands out as the best. In contrast to the typical PD program, in which a well-known expert provides the training, my social studies colleagues and I spent 2 hours sharing instructional strategies that worked particularly well for us. I was amazed at the number and quality of teaching ideas that I learned during this short session—from colleagues who worked within 500 feet of my classroom and taught the same students! This experience has served as a solution-focused reminder to use available resources, whether it involves working with students, teachers, or parents. Just as solution-focused counseling includes students in their own care, teachers and parents can be invited to contribute to educational programs that are designed for them. After all, they are the ones on the front line, and they know their needs better than anyone else.

Group Work

Working with small groups of students offers the advantage of serving several students at one time. Solution-focused practice is well suited to group work (Corey, 2012; Sharry, 2007) and has been successfully applied with a diverse range of student groups and problems, including adolescents with substance abuse problems (Froeschle, Smith, & Ricard, 2007), students with serious behavior problems (Corcoran, 2012) and test anxiety (Murphy, 2008), and children who struggle with obesity (Rudolf et al., 2006).

Most students are selected for a group because of specific school problems, and it is helpful to hear about and validate their struggles and frustrations with the problem. In transitioning from problem-based to solution-based discussions, group leaders might say something like this: "I appreciate you telling me about the struggles that brought you here, because it helps me to understand where you've been and what you've gone through. It's also important for me to learn about the parts of your life that are working pretty well, because we might be able to use something that's working well to change something that isn't. Does that make sense?"

The collaborative, client-driven element of solution-focused practice encourages students to take personal responsibility for developing solutions to their problems based on their successes, strengths, and wisdom. Group leaders can orient students toward their strengths and resources by asking about what is right in their lives and exploring how they might apply these assets toward school goals. As illustrated with the test anxiety group in Chapter 6, leaders can also ask about exceptions to the problem and encourage students to do more of whatever they did to bring the exceptions about.

Group leaders can also begin and end every session with scaling questions that request students' feedback on progress and the therapeutic alliance. For example, we can begin each meeting by asking, "On a scale of 0 to 10, where 0 is the worst it can be and 10 is where you want it to be, how would you rate your school behavior for the past week?" We can end meetings by having students use the same scale to answer the question "How helpful was today's session?" Practitioners who want to track the alliance in a more systematic way can use the Group Session Rating Scale (Duncan & Miller, 2007) for students ages 13 and older or the Child Group Session Rating Scale (Duncan et al., 2011) for children between 5 and 12 years old. Both of these instruments appear in Appendix D. As with individual counseling, a strong alliance between group leaders and members will enhance the outcomes of any group. Refer to Tollison and Synatschk (2007) for additional information on leading solution-focused groups for elementary and secondary students.

Teacher and Parent Consultation

It is impossible to work directly with every student who experiences a problem, but we can indirectly serve more students by working with their teachers and parents. Solution-focused techniques can be easily incorporated into teacher and parent consultation. For example, we can validate teachers' and parents' struggles, acknowledge their resilience, compliment them, and request their feedback and opinions. Parenting and teaching can be a challenging and lonely job, which is why parents and teachers greatly appreciate being heard and validated throughout the helping process. The positive impact of validation in consultation with caregivers was illustrated in Chapter 8 with Carol, who was convinced that her daughter was predisposed to genetic depression. The practitioner respected Carol's position and collaborated with her on developing interventions to counteract the predisposition.

Teacher and parent consultation is included as a separate category in this chapter for two reasons. First, students and workshop participants often ask how solution-focused ideas can be applied to their work with teachers and parents. Second, many practitioners who work primarily with children and adolescents find it more difficult to apply therapeutic ideas with adults. For example, school practitioners often report that it is harder for them to be as patient and validating with adults as they are with children. To counteract this tendency, we can remind ourselves that adults appreciate being heard and understood as much as students do, which is why teacher and parent consultation is most effective when we (a) work on goals that are important to parents and teachers, (b) collaborate in developing interventions instead of forcing our ideas on them, and (c) provide ongoing opportunities for them to be involved in building solutions.

Self-Modeling (Video Exceptions)

Video self-modeling is a clever way to build on exceptions by having students watch videos of themselves engaged in positive behavior. Self-modeling is based on social imitation or *modeling* (Bandura, 1977), the well-established learning principle that states that people are more likely to perform a desired target behavior if they have observed someone else performing the behavior. Modeling effects are most powerful when the observer and model share similar characteristics. Self-modeling makes optimal use of this principle by using the most similar and powerful model of all—oneself.

Self-modeling involves the following steps: (a) Videotape the student during different times and situations at school (unscripted videos), or arrange for planned scenes in which the student is prompted to display positive behaviors (scripted videos); (b) for unscripted videos, delete all irrelevant events and problem behavior to create a 2- to 3-minute series of scenes in which the student is displaying positive behaviors (video exceptions); and (c) have the student watch the tape on five or six separate occasions over a 2-week period of time at school. Appendix I offers detailed instructions for school personnel who want to create self-modeling tapes.

Allowing students to watch themselves being successful is an engaging way to help them improve performance and behavior. Video self-modeling has been effective in helping preschool through secondary students improve a variety of behaviors, such as aggression and noncompliance (Axelrod, Bellini, & Markoff, 2014), social and communication skills (Murphy & Davis, 2005; Savina & Murphy, 2007), reading fluency (Decker & Buggey, 2014), and many other school behaviors (Buggey, 2009). The range of behaviors that can be addressed through self-modeling interventions is virtually endless based on the simple fact that if a behavior can be seen, then it can be self-modeled.

Video editing on smartphones and other devices has become increasingly accessible and user friendly, which has made self-modeling more feasible and appealing to school practitioners. Students who are referred for services rarely receive positive feedback about their school behavior, and some may wonder whether they are doing *anything* right at school. Self-modeling counteracts students' discouragement by providing powerful evidence of their ability to behave productively.

Referral Forms

Counseling and intervention services are usually initiated by a caregiver's completion of a referral form. Although forms vary from school to school, most require a description of the problem, related factors, and background information. Referral forms typically include ample information about the problem with minimal attention to strengths, resources, and exceptions.

Including solution-focused items on referral forms makes sense when you consider that a referral represents a *request for change*. Someone, usually a teacher or parent, initiates a referral for intervention in the hopes of changing the student's behavior. Research indicates that client factors are the most powerful ingredients in the change process (Bohart & Wade, 2013). Client factors include students' strengths, successes, values, special interests, and resilience, as well as personal heroes and influential people in their lives. Given that referrals are requests for change and that client factors are the most potent elements in the change process, it makes sense to ask about these factors on referral forms. For example, referrals that provide information on exceptions and influential people in the student's life can lead to school interventions that build on these resources.

For reasons already noted, some schools have revised their referral forms to reflect a more solution-focused emphasis on exceptions and resources. Many times, solution-focused items can simply be added to existing referral forms. Appendix J provides sample items from referral forms that I use with teachers, parents, and students. These forms give me a head start on developing interventions before I even meet with students and caregivers, which has made the intervention process more efficient.

Summary and Conclusions

Solution-focused practice is much more than a set of techniques that are mechanically applied to problems. It is a new and different way of thinking about people, problems, and solutions. This chapter reinforced these points by describing nine other applications of solution-focused practice beyond individual counseling for school problems: classroom management and teaching, parent–school relationships, peer helping programs, system-level change, parent and teacher education, group work with students, teacher and parent consultation, video self-modeling, and school referral forms.

These are just a few of the many possible ways that solution-focused thinking can be applied in schools. The final chapter offers practical suggestions for putting this book into immediate action right where you are, along with some parting thoughts about solution-focused counseling in schools.

Discussion and Practice

1. Pick three school-based applications of solution-focused practice addressed in this chapter. For each application, discuss (a) its main features and details, (b) potential challenges to implementing it in schools, and (c) practical strategies for addressing each challenge.
2. Pair up with another person for a role play in which one person is the counselor/consultant and the other is a teacher struggling with behavior management problems in the classroom. The task of the consultant is to invite the teacher to consider a more solution-focused approach to classroom management. This will involve briefly explaining the approach and how it might help the teacher and students. Switch roles after a few minutes so that both people have an opportunity to practice the consultant role.
3. Imagine that you have been asked to present a 2-hour parent education program on promoting positive behavior and managing problem behavior for a small group of elementary school parents. Describe three solution-focused strategies that you could include in your presentation, along with the methods you would use to present each strategy.
4. Discuss two solution-focused strategies that are helpful in implementing system-level changes and programs in schools.
5. Of all the applications presented in this chapter, which ones are most intriguing and interesting to you? How might you make use of these applications in your current or future work?
6. Discuss two solution-focused techniques that you could use while leading a weekly group for students who have been bullied at school.
7. Pair up with one or more of your colleagues to design a solution-focused form for counseling and behavior intervention referrals.
8. List one small step that you will take in your future work as a result of the information in this chapter.

Chapter 13

Putting Solution-Focused Practice Into Immediate Action

Chapter Objectives

- To encourage readers to put solution-focused practice into immediate action
- To provide 10 suggestions for putting solution-focused practice into action one step at a time
- To offer a few final thoughts on solution-focused counseling in schools

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Action will remove the doubts that theory cannot solve.

—Tehyi Hsieh

The success of this book is based entirely on the extent to which it is translated into action. This chapter offers practical ideas for putting the book into immediate action, along with some closing thoughts on solution-focused counseling in schools.

A Solution-Focused Approach to Becoming Solution Focused: One Step at a Time

The following suggestions are designed to help you put this book into immediate action. In the collaborative spirit of solution-focused practice, I encourage you to adapt these ideas in ways that fit you and your circumstances.

1. What motivated you to read this book in the first place? Your answer reflects important personal values. Remember these values during your journey to become better at what you do, as they can provide needed energy and motivation for staying with it and persisting in the face of setbacks and obstacles.
2. Think about what you are already doing to address the big three common factors of change—client, relationship, and hope factors—in your work with students and others. This includes your thoughts and attitudes as well as actions, even if you are not implementing them as often or consistently as you would like. Make a list of these items in a file called "What I Already Do." Keep adding to the list as you think of other things that you do, or have done, to empower these potent factors of change and solution building.
3. Pick one item from your "What I Already Do" list and make a practical plan for putting it into action in a more deliberate and consistent way during the next week. Think small. If that means devoting 2 minutes to the plan during the upcoming week, then so be it. That's 2 minutes more than the week before, and that's progress!
4. Continue to do this with other items on your list—one item at a time—at a pace that works for you. Think small and go slowly, because going slowly is always better than not going at all.
5. Remind yourself that it takes hard work to improve one's counseling skills. If you become overwhelmed by trying to do too much too soon, then slow down and give yourself a break. Practice being solution focused with yourself by acknowledging what you have already done and how far you have already come.
6. In addition to building on what you are already doing, you can create a second file called "What I Want to Do" in which you list new solution-focused strategies that you want to incorporate into your practice. As with the other list, you can pick one item (e.g., finding exceptions, validating clients, asking scaling questions) and try it out during the next week.
7. If it is possible to link up and collaborate with others who share your interest in solution-focused work, then do so in whatever form possible. This may include monthly meetings, conference calls, or discussion groups. These connections and conversations provide new perspectives that will motivate you to continue learning about solution-focused counseling in schools.
8. Speaking of learning, there have never been more opportunities to learn more about solution-focused counseling. In addition to reading this book (which, by the way, can go on your "What I Already Do" list), you can consult other resources from the reference list. When I began working on the first edition of this book 20 years ago, there were no other books on solution-focused counseling in schools. Today, you can find numerous books and articles through a computer search. Appendix K provides a list of websites on client-directed, solution-focused practice, some of which include online discussions, blogs, and networking opportunities. Training workshops have become more available in response to growing interest in solution-focused counseling and intervention in schools. Workshops are often sponsored by school districts; mental health agencies; universities; or state organizations for school counselors, psychologists, and social workers. Many times, these workshops result from the enthusiasm of a small group or an individual who convinces the agency to sponsor a workshop. I know this first hand because I have been invited to present in many such venues. The advantage of working with local school districts or agencies is that the training can be specifically tailored to the needs of the practitioners and setting.
9. Remind yourself that learning new skills usually involves some discomfort, awkwardness, and mistakes and that it takes a while for these skills to feel natural to you. This reminder will help you push through the awkwardness on your way to becoming more solution focused in your work.

10. Have fun and enjoy the ride! Counseling is important and serious work, but that doesn't mean it shouldn't be fun. Not Disney World fun, but fun nonetheless. Working with people who struggle with serious problems can be painful and frustrating as well as gratifying and enjoyable. The fun and adventure of this work have been seriously underrated. Clients can tell whether we approach our work as a burden or a joy—and I ask you, which would you prefer if you were a client: a counselor who seems burdened by the work or one who is energized by it? The most effective practitioners approach their work with a playful sense of curiosity and adventure. I recommend doing the same in your efforts to apply the ideas and strategies of this book.

Closing Thoughts

We may need to solve problems not by removing the cause but by designing the way forward.

—Edward de Bono

I hope this book was successful in showing that solution-focused counseling is far more than a set of techniques. It is instead a new and different way to approach people, problems, and solutions. As the book comes to a close, I want to share a few final thoughts about this positive, client-directed approach to changing school problems.

- *Above all, honor the client and the alliance.* Next to the client, the therapeutic alliance is the most important element of effective counseling. Accommodating people's perceptions and feedback is essential to building alliances and solutions with clients of all cultures and belief systems—a major benefit in light of the world's increasingly diverse population. Respect and collaboration, which are core components of solution-focused counseling, are effective with people of all cultures and circumstances. After all, those who are closest to the problem are also closest to the solution. No one is closer to school problems than the students and caregivers who directly experience them, which is why *their* perceptions and opinions are always more important than ours when it comes to building solutions. This book is not intended to cast solution-focused counseling as a magic bullet for every school problem or to suggest that you abandon other potentially useful counseling strategies. To be effective, counseling techniques from this book or anywhere else must be flexibly applied and tailored to each individual client and situation. They must also be dropped when they are not working for the client. In doing this, we are honoring the client and the alliance.
- *Use what's right to resolve what's wrong*. Schools tend to notice and respond to undesired behavior more than desired behavior—a tendency also seen in our society, the news media, and the helping professions. Solution-focused counseling turns this tendency on its head by using what is right with students to resolve what is wrong at school.
- *View every contact as a solution opportunity*. Many school practitioners are so involved with other duties that they have very little time to provide counseling and intervention services. School counselors often have administrative responsibilities, and school psychologists may spend the bulk of their time on assessment activities. I experienced this first hand as a school psychologist in an urban district with heavy assessment demands. As I learned more about counseling and therapy, I would occasionally ask a therapeutic question between subtests of the Wechsler scales or while walking students to and from a testing session ("How have you managed to handle these struggles at school?" "What are you doing to get better grades in your science class?"). Not only did the students appreciate these questions, but their answers provided important clues to solutions. If the demands of your job leave little time for counseling or intervention, I encourage you to take advantage of any therapeutic opportunities that present themselves based on the idea that every contact—even one that lasts a few seconds—is a solution opportunity.
- Remember that *many solution-focused techniques are value added.* Most of the techniques in this book are value added. A value-added technique adds value to whatever it is combined with, making everything else you do with clients more effective. Examples of value-added techniques include obtaining client feedback, giving compliments, validating clients' experiences, and exploring exceptions. The beauty of these techniques is that there are no risks or downsides to using them. The worst thing that can happen when using a value-added technique is that the client does not respond and nothing changes—at which point you simply move on to something else. Even then, value-added techniques can enhance the alliance by conveying respect for clients' input, wisdom, and capability. Value-added techniques increase the effectiveness of interventions and practitioners regardless of their theoretical affiliation. For example, *any* school practitioner or intervention will be more successful when client feedback is collected. The bottom line is this: You can use the techniques in this book regardless of your theoretical orientation and regardless of whether you consider yourself a solution-focused practitioner.
- Remember that *solution-focused counseling is not as simple as it sounds*. The simple and practical premise of solution-focused counseling—find what works and do more of it—is one of its most appealing features for school practitioners. This does not mean, however, that it is easy to do. Solution-focused work requires careful attention to language, client feedback, relationship

building, and other therapeutic nuances and skills. Mastery of these skills requires patience and practice. If your experience is anything like mine, however, it is well worth the effort. Most school practitioners, myself included, enter the profession to lift young people up by treating them with respect and dignity. Solution-focused counseling provides a practical way of doing that.

There has never been a better time to be a school practitioner. We know more than we ever have about what works in counseling and intervention (think change pie), and the school is an excellent setting for these services. Schools not only offer instant access to students and teachers, they also provide a natural and respectful setting for students and parents who might otherwise have to leave their neighborhoods and travel long distances to receive services. There is much to be optimistic about. I invite you to join me in this optimism as we continue to build respectful solutions with the students, teachers, and parents whom we are privileged to serve.

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Appendix A

Client Index

Although some clients are discussed in several places, this index lists the page on which they first appear, along with a brief description.

Alicia, p. 9

High school student with academic and behavior problems; the first counselor tried more-of-the-same lectures to no avail; the second counselor adopted a solution-focused approach and encouraged Alicia to build on previously successful strategies

Amie, p. 111

Fourteen-year-old student who was asked to translate her description of being "spacey and disorganized" into several solvable problems

Andre, p. 90

Seventh grader referred for truancy; the counselor used the language of presupposition to explore small changes; attendance increased

Andrew, p. 122

Twelve-year-old who wanted to be a better student; the counselor asked for a videotalk description of being a better student to develop a more specific and measurable goal

Angela (*When Less Is More*), p. 234

Sixth-grade student; complained to teachers, the counselor, and the principal about other students bothering her; the counselor acknowledged Angela's concerns and scheduled discussion times with her

Anthony (*Mrs. T, the Sunday School Teacher*), p. 175

Six-year-old referred for giving the finger to other students and adults; the counselor enlisted the involvement of a highly respected, influential person in Anthony's life

Ari (*Take Two*), p. 229

Third grader who had difficulty completing assignments; the teacher changed the viewing and doing by reframing Ari's behavior as reflective and encouraging him to stop and think for 2 minutes before beginning assignments

Ben, p. 174

Fourth grader referred for classroom misbehavior; loved baseball; agreed to try an experiment that involved stepping up to the plate and improving school behavior

Billy (*A Musical Solution*), p. 230

Four-year-old preschool student referred for cursing at school; the teacher (Jan) and assistant (Carmen) attempted many unsuccessful strategies before trying something very different

Bridgette (*Dorothy's Advice*), p. 184

Ninth grader referred for mouthing off and completing minimal work; the counselor used Bridgette's interest in old movies to encourage a different approach to school challenges

Brittany (*Brittany: The Benefits of Listening and Not Knowing*), p. 74

Twelfth-grade student; prior sexual abuse; the practitioner listened from a position of not knowing rather than telling Brittany what to do

Bruce (*How Can You Mend a Broken Heart?*), p. 231

Eighteen-year-old; agitated about recent breakup with girlfriend; couldn't stop thinking about it; scheduled think times to give the problem its due

Camilla, p. 115

Thirteen-year-old student with failing grades, truancy, and behavior problems; discussed the influence of problems on her self-image and family; made behavioral improvements at school

Carol and Sarina (*A Nurturing Solution*), p. 214

Nine-year-old student (Sarina) and parent (Carol); the parent insisted that the daughter was prone to genetic depression; the counselor accepted Carol's theory and framed suggestions accordingly

Cassie, p. 225

Sixteen-year-old; had recently moved to a new city; concerned about depression and sleeping too much; agreed to give depression its due instead of trying to avoid it

Cheryl, p. 226

Ninth-grade teacher bothered by student's incessant criticism; changed from defending herself to going with the flow and agreeing with the student's criticism

Daniel, p. 132

Fifth-grade student; the counselor followed up on the miracle question to encourage effective goals consistent with the 5-S guideline of goal development

Darshon, p. 130

Eleven-year-old; the counselor used scaling questions to explore what it would look like when things were a little better for Darshon at school

David, p. 130

Six-year-old; the counselor used wooden blocks as a scaling technique to help David describe what needed to happen in school for him to move up one block on the scale

Dawn (An Example of CDOI Practice: Client Knows Best), p. 60

Sixteen-year-old student who protested her medical treatment and fled the residential center when her opinions were ignored; the counselor took Dawn seriously and encouraged the treatment team to give her a voice in her own care

Dillon, p. 250

Eighth-grade student; the counselor accommodated Dillon's ambivalence about changing his school behavior by inquiring about the disadvantages of change and improvement

Donald (*Donald and the Dream*), p. 120

Eleven-year old student who had a dream of becoming a policeman; the counselor explored consistencies and discrepancies between Donald's dream and his school behavior

Dwayne (*Consulting Camus*), p. 186

Twelfth-grade student; had not completed graduation requirements; the counselor encouraged the student to consider what his hero would advise him to do

Elise, p. 79

Fourth-grade teacher with a track record of success with difficult students; embarrassed about losing it with a student; the practitioner validated her frustration

Emma, p. 36

Preschool student with classroom behavior problems; the teacher used Emma's interests in singing and dinosaurs to develop a simple intervention

Eric, p. 92

Twelve-year-old; the practitioner listened to Eric's exact words to learn about his position on the problem

Felipe, p. 241

Seventh-grade student; the counselor collaborated with Felipe on the decision to end counseling while leaving the door open for future contact

Francesca (*Resilience, Faith, and Francesca*), p. 179

Sixteen-year-old in a special education program; responded to teasing by others with obscenities and withdrawal; the counselor invited Francesca to apply her faith in God to her school performance and behavior

George, the Dead Guy (*Convincing the Unconvincible*), p. 77

Fictional adult client who believed he was dead; George steadfastly maintained this belief despite the clever efforts of his psychiatrist to convince him otherwise

Group Application (*The Test Anxiety Group*), p. 163

Five high school students complaining of test anxiety; integrated solution-focused techniques with skill-building activities

Helen, p. 5

Parent who experienced rigid and narrow thinking in response to her child's behavior problems at school; illustrates how problems can restrict thinking

Jane (*Desperate and Developmental*), p. 209

Tenth-grade student; declining grades, shame, and depression about "nasty" phone behavior; scared of going crazy; the counselor offered a normalizing, developmental perspective

Jason, p. 52

Second-grade student; everyone was stuck in a vicious cycle of more of the same; the practitioner suggested that the teacher and parents try something different to break up the problem pattern

Jeff (*The Exceptional Quarter*), p. 165

Fourth grader referred for behavior disability assessment because of talking out, oppositional behavior, and peer difficulties; the counselor encouraged Jeff to do more of what worked during the second quarter of the school year

Jeremy, p. 141

Middle school student who had much fewer discipline referrals in science class compared to other classes; illustrates the 5-E method of asking questions to help students and teachers elaborate on exceptions

Jessica (*A Wake-Up Call From the Unconscious*), p. 204

Eleventh-grade student; was having nightmares and loss of concentration; the counselor suggested that nightmares might be an unconscious reminder to acknowledge her personal growth and progress

Joe (*An Example of Brief Strategic Therapy: Tripping the Responsibility Trap*), p. 53

Third-grade student; low grades and minimal homework completion; the parents' attempted solutions were perpetuating the problem; the parents stopped nagging and held Joe responsible for schoolwork

Justin, p. 8

Thirteen-year-old student who introduced himself by saying, "I'm OCD and ADHD"; illustrates how problems can impact self-identity

Karen, p. 93

Third-grade teacher requesting help with a difficult student; the first counselor criticized Karen and tried to talk her out of her perceptions; the second counselor validated and accommodated her perceptions

Keller (*Keeping It Simple With Keller*), p. 124

Ten-year-old referred by mother (Jen) for peer problems and classroom misbehavior; the counselor suggested small changes (combing hair, tucking in shirt) that led to bigger changes (fewer discipline problems)

Lisa (*All I See Is What They're Doing Wrong*), p. 154

Special education teacher with classroom management challenges; had an "aha" experience when the counselor asked about exceptions

Mara (*An Example of Solution-Focused Therapy: Growing Solutions From Small Seeds of Success*), p. 57

Ninth grader referred by parents for arguing; the counselor used the student's and mother's common interest in gardening to improve their relationship and decrease arguments

Maria, p. 198

Twelve-year-old student referred for classroom behavior problems; the counselor changed the viewing of the problem by asking Maria how long she was willing to sacrifice her freedom to entertain her peers

Mario (*Mario and the Meaningful Goal*), p. 119

Tenth-grade student; thought principal and teachers were "out to get him"; the counselor renegotiated a goal that was relevant and meaningful to Mario

Michelle, p. 6

High school student who experienced a lack of hope, energy, and motivation as the result of a history of school behavior problems; illustrates how problems can restrict hope

Molly (*The Pillow Brigade*), p. 181

Ten-year-old; referred by mother for nightmares, anxiety, and school avoidance; contributed useful intervention ideas; urged helping professionals to ask clients for their ideas and opinions

Monica, p. 223

Thirteen-year-old referred by parents for frequent arguments; the counselor assigned the Do Something Different Task

Nick, p. 224

Tenth-grade student who complained of insomnia; tried various ways to fall asleep at night; the counselor recommended that he observe the problem without trying to change it

Paul (*An Example of Erickson's Approach: The Student Who Refused to Read*), p. 49

Twelve-year-old student who refused to read; the practitioner (Milton Erickson) accepted Paul's choice not to read, and they looked at maps instead of reading them

Reggie (*Standing Up to Stealing*), p. 200

Seven-year-old referred for stealing; the counselor renamed the problem as an oppressive bully (Bruiser) who pushed Reggie into trouble at school; encouraged Reggie to take a stand against Bruiser and reclaim control of his behavior

Sam (*The Monday Morning Exception*), p. 156

Nine-year-old referred for noncompliance and diagnosed with oppositional defiant disorder; had a better day after helping his teacher in the morning; the teacher allowed Sam to help out more at school

Schoolwide Application (*Success Stories: A Schoolwide Program for Recognizing Students' Resilience and Resources*); *Latoya,* p. 190

Third-grade student; improved her grade average from a D to a B; the counselor explored how she did it and what advice she had for other students

Sharon, p. 126

High school student; did not get along with teachers; the counselor helped Sharon focus on a self-manageable goal that was within her control

Stacy, p. 87

High school student; said school needed new teachers; the counselor used the language of empowerment to shift Stacy's focus to personal goals and related actions

Steve (*Pervert or Protector?*), p. 211

Sixth-grade student; made obscene remarks and gestures to a teacher; the counselor invited Steve and his grandparents to consider a more positive function of the problem behavior

Teagin, p. 123

Ninth-grade student; hoped to raise her math grade from an F to a B; the counselor encouraged her to focus on small steps to promote a smaller and more manageable goal

Ted, p. 143

Sixth-grade science teacher; requested help in managing classroom behavior; identified and expanded exceptions

William (*To Skip or Not to Skip, That Is the Question*), p. 235

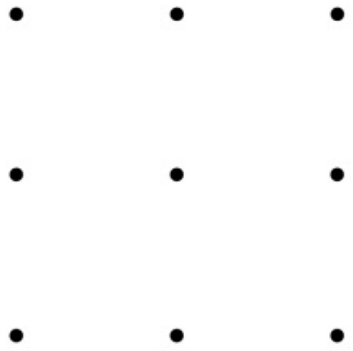
Twelfth-grade student; skipped school, in jeopardy of not graduating; the counselor explored the disadvantages of attending school

Zach (*Giving Them What They Want*), p. 206

Seventeen-year-old referred for defiant school behavior; the counselor asked whether defiant behavior represented giving in to the teachers and principal

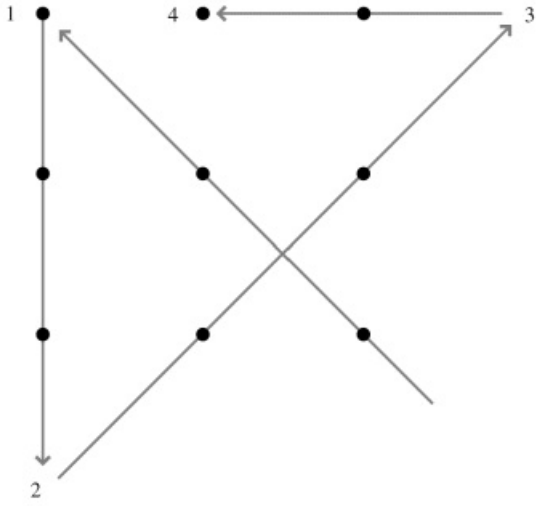
Appendix B
The Dot-Joining Puzzle and Solution

Part One: The Dot-Joining Puzzle



Instructions: The nine dots in this puzzle can be connected using only four straight lines, drawn without lifting your pencil off the paper. If you are unsuccessful after a few minutes, turn to the next page for the solution.

Part 2: The Dot-Joining Solution



Very few people think of extending the straight lines beyond the dots, even though there is nothing in the task or instructions that prohibits doing so. Most people superimpose an imaginary square on the outside dots. The arbitrary assumption that the lines cannot extend beyond the dots leads to more-of-the-same solution attempts despite their ineffectiveness in solving the puzzle. The belief that this is the only reasonable or sensible way to approach the problem inevitably leads to failure and frustration, the same outcomes experienced by students and caregivers who are stuck in a pattern of applying more of the same ineffective strategies to a school problem.

You might have recognized after one or two tries that a solution to the puzzle was impossible, yet you continued to apply the same solution over and over again. You probably varied specific aspects of your attempted solution, such as the speed or intensity with which you applied it. However, the overall theme of the solution remained the same on the basis of the assumption that you needed to stay within the square. When people's attempts to resolve a school problem actually perpetuate the problem, effective solutions emerge when counselors and clients step outside the box and try something different.

Appendix C

Implementing the Partners for Change Outcome Management System in Schools: Practical Guidelines and Examples

Client involvement is the centerpiece of effective counseling. One way to ensure that students, teachers, and parents are actively involved in counseling is to (a) collect formal feedback on their perceptions of progress (outcome) and of the client–counselor alliance and (b) adjust services in response to their feedback. Most change occurs early in the counseling process, which is why it is so important to assess clients' perception of progress from the very outset of services and to do something different when clients report no progress. Given that clients' perception of the therapeutic alliance is the most reliable predictor of successful outcomes, we also need to know how students and caregivers view us and our services and to adjust our approach accordingly. The Partners for Change Outcome Management System (PCOMS), described briefly in Chapter 4, offers a practical and systematic process for improving counseling services through client feedback. PCOMS has been designated an evidence-based practice as a result of several empirical studies indicating its positive impact on outcomes (Duncan, 2014). Although comprehensive descriptions of the development and use of PCOMS can be found elsewhere (Duncan, 2011, 2012), this appendix provides an overview of implementing PCOMS in schools.

Using the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) to Monitor Client Perceptions of Progress and Alliance

PCOMS uses two quick, valid, reliable instruments to monitor the client's perceptions of progress and alliance—the ORS and SRS. Each scale takes about 1 minute to administer for most clients and situations. Child and young child versions of each measure (CORS/YCORS and CSRS/YCSRS) are available for children ages 12 and younger (see Appendix D for all measures). The ORS and SRS are available in many different languages and are downloadable and free for individual use from the Heart and Soul of Change Project website (www.heartandsoulofchange.com). This website is managed by PCOMS developer Barry Duncan and contains a wide range of information and resources on PCOMS and other aspects of client-directed, outcome-informed practice. For the sake of clarity, this appendix focuses on the individual (vs. group) versions of the ORS and SRS, along with the child (vs. young child) versions of both measures (i.e., the CORS and CSRS). The CORS and CSRS use simpler language, along with smiley and frowny faces, to facilitate children's comprehension of items.

ORS/CORS

The ORS is administered at the beginning of (or just before) every contact to assess clients' perception of how they are doing in the following areas: (a) Individually (personal well-being), (b) Interpersonally (family, intimate relationships), (c) Socially (work, school, peers), and (d) Overall. The CORS includes the parallel categories of Me, Family, School, and Everything. The client rates each item by making a mark along a 10-cm line, and the total score is the sum of the client's four marks to the nearest millimeter measured by a centimeter ruler or 10-cm template. Thus, 40 is the highest possible score, and most people who are referred for services score in the 20s or below. In addition to obtaining the student's feedback, you can also ask teachers and parents to complete the ORS/CORS to obtain other perspectives on how the student is doing. Caregivers need to complete the same version as the student's for comparison purposes—if the student completes the CORS, for example, then the parent or teacher should also complete the CORS. The ORS/CORS can be administered by phone using the oral administration instructions provided on the Heart and Soul of Change Project website.

SRS/CSRS

The SRS is completed at the end of every session to assess clients' perception of the following categories: (a) Relationship (feeling heard and respected by the counselor), (b) Goals and Topics (the importance of topics discussed), (c) Approach or Method (goodness of fit between the counselor's approach and the client), and (d) Overall (overall effectiveness of the session). The CSRS includes the following corresponding categories: Listening, How Important, What We Did, and Overall. The SRS/CSRS is scored by adding the total of the client's marks on the four 10-cm lines (0–34 = poor alliance, 35–38 = fair alliance, 39–40 = strong alliance). The primary reason for using the SRS/CSRS is not to score high but to *detect* emerging alliance problems and *correct* them as soon as possible. Lower scores should be welcomed and discussed in a candid, nondefensive way with clients.

Introducing the ORS/CORS at the First Meeting

Introducing the ORS/CORS requires us to (a) tailor our language and explanations to the client's age and ability to understand and (b) concisely describe the main purposes of PCOMS and of the ORS/CORS—to give clients a voice in their own care, to collaboratively monitor progress on a regular basis, and to adjust services based on clients' feedback. Here are two examples of introducing the ORS/CORS for the first time:

> *(To an adolescent student or a caregiver):* I would appreciate your help with a short form called the Outcome Rating Scale, or ORS. It takes about a minute to complete, and it will give me a better idea of how things are going for you. This form, along with another one we'll do at the end of the meeting, gives you a voice in everything we do here and also lets us know whether or not things are changing the way you want them to change. If they are, we'll keep doing what we're doing, and if they're not, we can do something different. In other words, your feedback helps us to stay on the same page and get the best results from our work together. Does that make sense? Can you help me out with this?
>
> *(To a younger student):* I need your help with this paper [*while showing the student the CORS*] that tells me how you're doing. If it's okay with you, I'd like you to fill it out every time we meet. My job is to help you change things and make them better. The best way for me to know if that's happening, or not happening, is for you to fill out this form. Instead of me guessing or asking other people how you're doing, I want to hear it from you because, after all, our meetings are about you—not about me or anyone else. Filling out this form each week also tells us if things are getting better or not, so that we can change things when we need to. Do you have any questions?

Scoring, Discussing, and Connecting the ORS/CORS

The ORS/CORS can be scored in a matter of seconds using a centimeter ruler or template and should be done in plain sight of the student or caregiver. Scoring the measure in the client's presence, and keeping it visible and accessible throughout the meeting, reinforces the collaborative, transparent nature of the relationship and the work. Discussing ORS/CORS ratings ensures for a mutual understanding of what the scores mean for the client and clarifies connections between the scores and the reasons for service. The ORS and CORS have an empirically established clinical cutoff total score that distinguishes between clients (and caregivers) who are involved in counseling services and those who are not. For example, the ORS cutoff score for adolescents is 28, meaning that adolescents who are referred for counseling services typically score below 28, whereas those who do not receive services usually score above 28. The cutoffs for adolescents and their caregivers on the ORS and CORS are as follows: ORS = 28 for adolescents, 28 for their caregivers; CORS = 32 for children ages 6–12, 30 for their caregivers. Keeping these cutoffs in mind, and integrating them into the discussion, helps to clarify ORS/CORS scores and to connect them to the reasons for service.

The following examples briefly illustrate the process of discussing and connecting ORS/CORS scores to the clinical cutoffs, the client's concerns and experiences, and the reasons for service:

> *(To a student scoring below the cutoff):* Thanks for your help with this, Brittany. I'll score it real quick and we can talk about it. [*While scoring the ORS or CORS*] Each of these four lines is 10 centimeters long, so your marks can be as low as 0 and as high as 10, with a total score of up to 40 points. [*Addressing the clinical cutoff after scoring the ORS or CORS*] You scored a total of 21, which falls in the area that we would expect for someone who is very concerned about things and wants things to change. Does that make sense for you? [*Brittany says, "Yes"*] Then it seems like a good decision for you to be here, Brittany, and for all of us to work together and try to make things better. [*Connecting the scores to the client's concerns and experiences, and to the reasons for service*] Looking over your scores, it seems like you're especially concerned about how things are going in the family (5.4) and at school (3.6). What is happening at school that explains your low mark on that line? [*Brittany describes several school-related problems*] Of all these concerns and problems at school, which one(s) best explain why your teachers wanted you to talk to me?
>
> *(To a student scoring above the cutoff):* When high school students score 28 or above on the ORS, that usually means that things are going well. Your score of 34 tells me that you think things are going very well for you in major areas of your life. Is that true for you? [*Student says, "Yes"*] Okay, I need your help in understanding why you think you were referred to me for counseling. [*Student says, "I don't know"*] What do you think your teachers or parents would say if I asked them why they wanted you to talk with me? Would you mind completing another form the way you think your teacher would mark it if he were here?
>
> (*To a teacher scoring below cutoff):* Your total score of 25 tells me that you're concerned about how Robbie is doing, especially in the areas of personal well-being (4.4) and school (4.1). Is that true for you?

Discussions of ORS/CORS scores often lead to conversations about small goals and what needs to happen to make things a little better:

> *(To a student):* Okay, now that I understand that this low mark [*pointing to the student's rating of 3.5 on the ORS Individually scale*] has to do with missing your older brother since he's gone off to college, I'm wondering what needs to happen for that mark to move just a little bit to the right.
>
> *(To a teacher):* It sounds like talking out in class and then talking back to you when you correct him are your biggest concerns about William's school performance. Are those the things that explain your mark of 2.4 on the CORS School scale for William? Okay. What would need to change next week for your mark to move up by 1 or 2 centimeters? What would that look like at school?

Introducing the SRS/CSRS at the First Meeting

In addition to monitoring clients' perception of change and progress at every session using the ORS, you can administer the SRS/CSRS a few minutes before the end of the meeting to obtain clients' feedback on the all-important therapeutic alliance. Given that clients will have completed the ORS earlier in the meeting, introducing the SRS—especially the part about marking the lines—usually can be condensed, as illustrated in the following examples:

> *(To a parent, teacher, or older student):* Before we end today, there's another form I'd like you to fill out. [*Showing the SRS*] This form is called the Session Rating Scale, and it has four lines just the like the one you did when we started. This form asks about how helpful I've been and how helpful this meeting has been for you. It's like taking the temperature of the meeting, and it gives us a chance to discuss anything that would make our meetings better for you. There's no such thing as bad news on this form, because I need to know if there is anything I can do differently, or we can do differently, in these meetings to make them as useful as possible for you. Can you help me out on that?
>
> *(To a younger student):* Before we wrap up, I want to ask you to fill out another form that has faces on it, just like the one we did earlier. [*Showing the CSRS*] This one tells how I did and how the meeting went for you. That's right—you get to grade me and to grade our meeting! Can you help me by doing this form?

Discussing SRS/CSRS Results

Collecting feedback on the alliance involves asking clients to rate how well you related to them, understood their concerns and goals, and acted in ways that fit their preferences. Although this may feel risky or uncomfortable at first, it is much less risky than losing clients—figuratively or literally—as a result of undetected alliance problems. We need to remind ourselves that the main purpose of the SRS/CSRS is to detect and correct alliance problems *before* they become irreparable and push clients away. This reminder encourages us to genuinely accept any and all alliance-related feedback from clients, because receiving and accommodating such feedback can be the difference between a successful and an unsuccessful counseling outcome.

When SRS/CSRS results are uniformly high (9 or above in each category), we can simply acknowledge this and invite any other comments or suggestions from the client. Because people generally tend to rate alliance measures highly, we should address any hint of a problem on the SRS/CSRS. Anything less than a total score of 36 (or less than 9 in any area) may signal a concern and warrant discussion.

> *(Responding to high ratings on the SRS/CSRS):* These marks are way over here to the right, which suggests that we're on the same page and that the meeting was right for you. Is there anything else that I can do, or that we can do, differently to make things even better the next time we meet? Okay. Thank you for your feedback.

> *(Responding to low ratings on the SRS/CSRS):* Let's take a look at your marks. [*Pointing to the client's lower mark on the Approach or Method line*] I really appreciate your honesty on this, because it gives me a chance to make adjustments. What can I do differently next time to be more helpful to you? [*For clients who are hesitant when asked for more specific feedback*] Maybe there's something I can do more of, or less of, or differently. What do you think?

The counselor's nondefensive acceptance of alliance feedback, combined with a willingness to adjust the approach in response to this feedback, goes a long way toward enhancing the therapeutic alliance and improving the outcome of school-based mental health services. The SRS/CSRS enable us to systematically address issues instead of guessing how clients are responding to us and our services. Best of all, these measures allow us to detect and correct alliance problems *right when they occur* rather than waiting until it is too late and clients have already shut down or dropped out.

Using the ORS/CORS and SRS/CSRS in Subsequent Sessions

After the ORS/CORS is introduced in the first session, each subsequent session compares current ORS/CORS scores with previous ratings to assess progress in the key area(s) of concern. Students' and caregivers' scores prompt discussions of progress, needed changes, and future plans.

When scores increase, even just a little, we can give clients credit for the change and explore their role in it:

> *(To a student):* Wow, Camille. Your marks on the Me and School lines moved about 3 whole points to the right each, and your total score went up 6 whole points! That's a big change. How did you make that happen? Have these changes taught you anything new about yourself?
>
> *(To a teacher):* Your rating of how Dalton is doing in school went from 4.3 to 5.4. What have you done differently to contribute to this improvement? What needs to happen to keep things moving in the right direction?

When scores decrease or remain unchanged, we can discuss what to do differently to improve the situation:

> *(To a student):* Let's take a look at your marks, Talia. These numbers are lower than last week's numbers in every area, and the total score went from about 24 to 16. That usually means that things are not going near as well as they were last week. Is that true for you? Okay. It would help me to get a better understanding of what made these numbers lower for you this week, and then maybe we can discuss some ideas for turning things around and making things better. How does that sound?
>
> *(To a teacher or parent):* It looks like things haven't changed since the last time we talked. What do you make of that? Should we be doing something different here, or should we just hang in there and see if things change next week?

When ORS or SRS ratings remain low across two or more consecutive meetings, we can initiate a discussion along the following lines:

> *(Responding to consecutively low ORS scores):* These scores suggest that we need to try something pretty different to make things better. What can we do differently in these meetings to shake things up and improve things for you? What can you do differently that might help move these numbers to the right?
>
> *(Responding to consecutively low ORS or SRS scores):* I appreciate your honesty, Jenny. As I said when we started, the purpose of my work and the purpose of these meetings is to help you improve things and reach your goals. These scores haven't changed for the past 3 weeks, and I'm concerned about that. If our meetings aren't helping, then it seems like I need to do something very different—or we need to do something different in these meetings—to turn things around quickly and make our work more effective. That may include helping you find another counselor who might be more effective for you. What do you think, Jenny?

Conclusions

Implementing PCOMS has been shown to increase the effectiveness of counseling, often dramatically so, in a variety of settings, including schools (Cooper et al., 2013). Partnering with students and caregivers gives them an active voice in every aspect of care and ensures more accountable and effective services.

Counselors are not effective with every client, nor can they assess their effectiveness without the client's input. PCOMS helps us to identify counseling situations that are headed for failure and to make timely adjustments instead of plowing ahead in our ineffectiveness. Implementing PCOMS in schools not only helps us to monitor progress and improve our effectiveness with students and others but also legitimizes our services to school districts, state departments, third-party payers, and other oversight agencies. Additional information on PCOMS can be found in Duncan (2014).

Appendix D

Outcome and Session Rating Scales

This appendix contains all versions of the Outcome Rating Scale and Session Rating Scale, the two measures used in the Partners for Change Outcome Management System to monitor client perceptions of outcome and alliance throughout the helping process. These scales are reprinted with permission for examination only. The actual scales, which include 10-cm lines for each item, are available in more than 20 different languages. The measures are free for individual use and may be downloaded from http://www.heartandsoulofchange.com.

Outcome Rating Scale (ORS)

Name _____ Age (Yrs): _____ Sex: ❑ M ❑ F

Session # _____ Date: _____

Who is filling out this form? Please check one: ❑ Self ❑ Other

If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)

|——————————|

Interpersonally
(Family, close relationships)

|——————————|

Socially
(Work, School, Friendships)

|——————————|

Overall
(General well-being)

|——————————|

Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs): _____ Sex: ❑ M ❑ F

Session # _____ Date: _____

Who is filling out this form? Please check one: ❑ Self ❑ Other

If other, what is your relationship to this person? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing*.

Me
(How am I doing?)

Family
(How are things in my family?)

School
(How am I doing in school?)

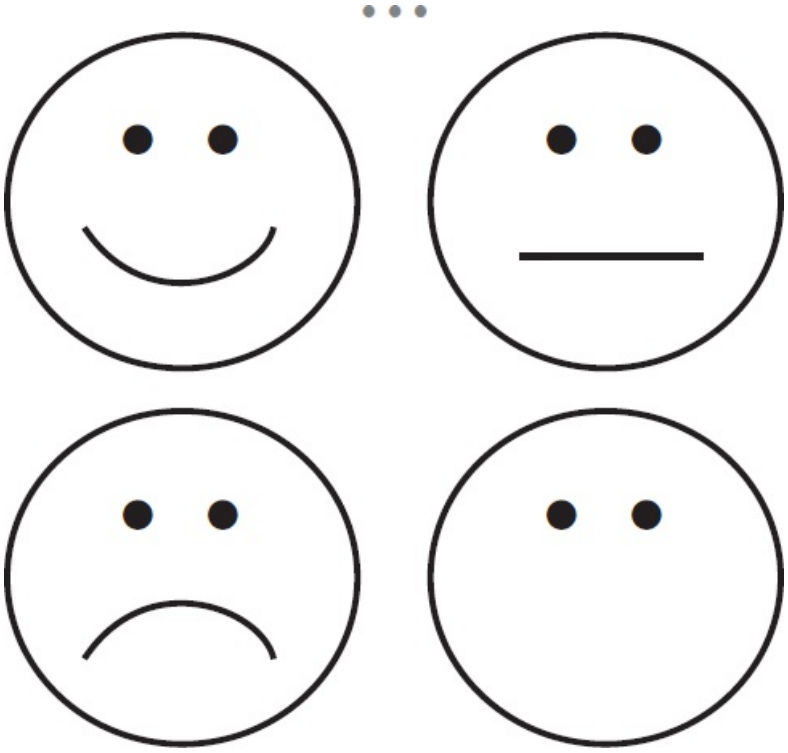
Everything
(How is everything going?)

Young Child Outcome Rating Scale (YCORS)

Name _____ Age (Yrs): _____ Sex: ❑ M ❑ F

Session # _____ Date: _____

Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.

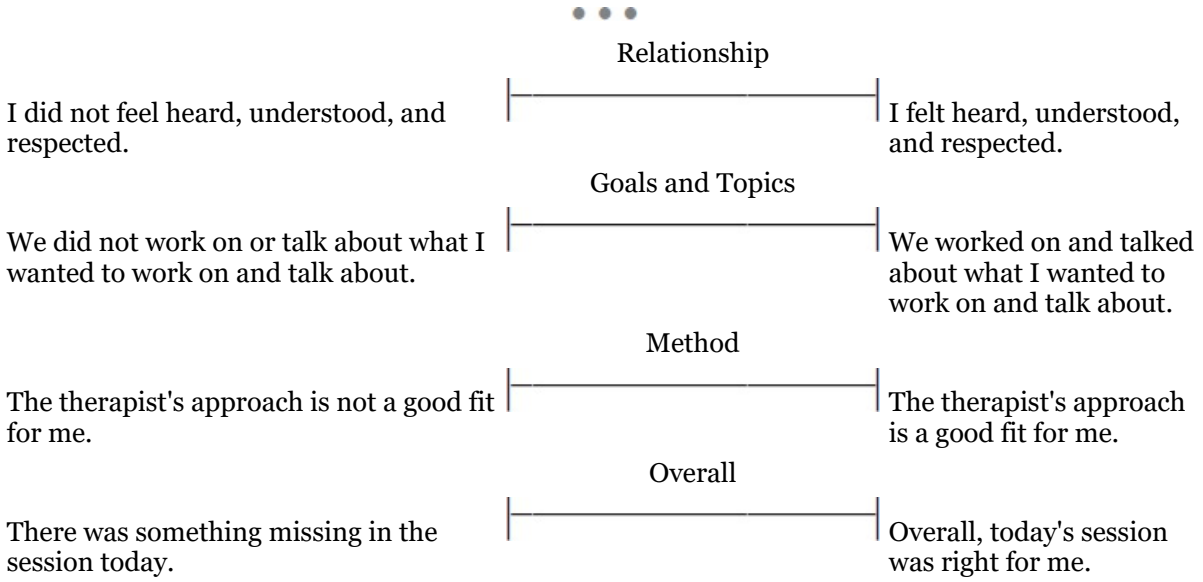


Session Rating Scale (SRS)

Name _____ Age (Yrs): _____ Sex: ❑ M ❑ F

Session # _____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.


Relationship
I did not feel heard, understood, and respected.
I felt heard, understood, and respected.
Goals and Topics
We did not work on or talk about what I wanted to work on and talk about.
We worked on and talked about what I wanted to work on and talk about.
Method
The therapist's approach is not a good fit for me.
The therapist's approach is a good fit for me.
Overall
There was something missing in the session today.
Overall, today's session was right for me.

Child Session Rating Scale (CSRS)

Name _____ Age (Yrs): _____ Sex: ❑ M ❑ F

Session # _____ Date: _____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

Did not always listen to me. — Listened to me.

How Important

What we did and talked about was not really that important to me. — What we did and talked about were important to me.

What We Did

I did not like what we did today. — I liked what we did today.

Overall

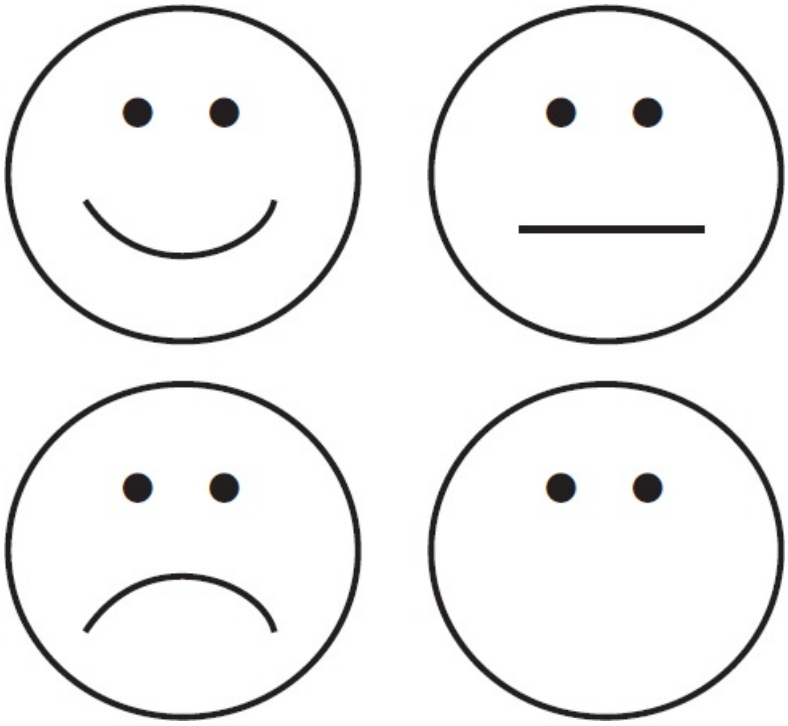
I wish we could do something different. — I hope we do the same kind of things next time.

Young Child Session Rating Scale (YCSRS)

Name _____ Age (Yrs): _____ Sex: ❑ M ❑ F

Session # _____ Date: _____

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.



Group Session Rating Scale (GSRS).

Name _____ Age (Yrs): _____ Sex: ❑ M ❑ F

Session # _____ Date: _____

Please rate today's group by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel under-stood, respected, and/or accepted by the leader and/or the group.

I felt understood, respected, and accepted by the leader and the group.

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about.

We worked on and talked about what I wanted to work on and talk about.

Method

The leader and/or the group's approach are/is not a good fit for me.

The leader and the group's approach are a good fit for me.

Overall

There was something missing in group today—I did not feel like a part of the group.

Overall, today's group was right for me—I felt like a part of the group.

Child Group Session Rating Scale (CGSRS).

Name _____ Age (Yrs): _____ Sex: ❑ M ❑ F

Session # _____ Date: _____

How was our group today? Please put a mark on the lines below to let us know how you feel.

Listening

The leader or group did not listen to me or like me. The leader and group listened to me and liked me.

How Important

We did not talk about or do important things. We talked about and did important things.

What We Did

I did not like what we did today. I liked what we did today.

Overall

Today was not good for me—I did not feel like a part of this group. Today was good for me —I felt like a part of this group.

Notes

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Appendix E

Solution Identification Scale and Quick Survey

This appendix consists of two instruments: the (a) Solution Identification Scale (Kral, 1988) and (b) Quick Survey (Murphy, 2008).

Solution Identification Scale

Name: _____ Date: _____ Rated by:_____

Please answer all questions. Beside each item, indicate the degree to which it occurs.

	Not at all	*Just a little*	*Pretty much*	*Very much*
1. Respectful to grown-ups				
2. Able to make/keep friends				
3. Controls excitement				
4. Cooperates with ideas of others				
5. Demonstrates ability to learn				
6. Adapts to new situations				
7. Tells the truth				
8. Comfortable in new situations				
9. Well behaved for age				
10. Shows honesty				
11. Obeys adults				
12. Handles stress well				
13. Completes what is started				
14. Considerate to others				
15. Shows maturity for age				
	Not at all	*Just a little*	*Pretty much*	*Very much*
16. Maintains attention				
17. Reacts with proper mood				
18. Follows basic rules				
19. Settles disagreements peacefully				
20. Gets along with brothers/sisters				
21. Copes with frustration				
22. Respects rights of others				
23. Basically is happy				
24. Shows good appetite				
25. Sleeps OK for age				
26. Feels part of the family				
27. Stands up for self				
28. Is physically healthy				
29. Can wait for attention/rewards				
30. Tolerates criticism well				
31. Can share the attention of adults				
32. Is accepted by peers				
33. Shows leadership				
34. Demonstrates a sense of fair play				
35. Copes with distractions				
36. Accepts blame for own mistakes				
37. Cooperates with adults				
38. Accepts praise well				
39. Able to "think" before acting				
40. COMMENTS:				

Quick Survey

Student: _____ Grade: _____ Date: _____

Teacher: _____

The following questions will help me learn more about situations in which the student does better in your class. This information might help us improve things by building on something that the student is already doing successfully.

1. Please list anything the student is currently doing, or has done, to succeed in your class. List it even if it rarely occurs.

   _____

   _____

   _____

2. Describe specific times and situations when the student has done a little (or a lot) better than usual in your class.

   _____

   _____

   _____

3. Based on the above information, what can we build on to improve the student's success in your class?

   _____

   _____

   _____

4. What else is important for me to consider in helping you and the student?

   _____

   _____

   _____

Thank You For Your Cooperation.

Notes

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Note. Reproduced with permission of John J. Murphy.

Appendix F

Letters and Documents That Empower Progress

Document 1

The Consultant Club

This is to recognize

[Student's Name]

as an Official Member of the Consultant Club.

The Consultant Club consists of heroic students who have made important changes in school performance and who are willing to serve as a consultant to [School Counselor's name] for advice on helping other students make changes.

_____, Consultant

Student's Name

_____, Club President

School Counselor

Document 2

The Behavior Change Award

This award goes to

[Student's Name]

for making important, difficult changes in school behavior.

_____, School Principal

_____, School Counselor

Document 3

Letter 1: Elementary Student

Dear _____,

Wow! You did it. You really stood up to this problem and showed it who's the boss.

I can't wait to find out how you did this. Please think about what you have done to make things better at school and what you are planning to do to keep things moving in the right direction.

If it's okay with you, I would like to share your ideas with other students who are struggling in school so that they can do better in school, too.

I look forward to our meeting.

Congratulations!

Sincerely,

School Counselor

Document 4

Letter 2: Middle School Student

Dear _____,

Congratulations on the recent changes you have made in your schoolwork and behavior. I know that changes like this are hard work. It takes courage to keep on plugging instead of giving up when things get tough.

I'm glad to hear that your teachers are treating you better. I guess it's hard to get on someone's case when they are polite in class and earning Bs and Cs instead of Ds and Fs.

I'm wondering what you did to bring your grades up and what it will take to continue. The best ideas that I have heard for helping students make things better at school have come from students themselves—people like you who have made important and difficult changes. Your ideas and advice will help me to help other students who are struggling in school like you used to do before you changed.

I look forward to meeting with you next week, when I can learn how you made these changes and what advice you have for other students.

Sincerely,

School Counselor

Document 5

Letter 3: High School Student

Dear _____,

Your teachers told me that you are doing better at school during the past two weeks. I'm glad to hear that, and it does not surprise me. As I said when we met a few weeks ago, you strike me as a strong person who is willing to do what it takes to have a bigger and better life. You taught me how someone can continue to learn and grow, even when life is very tough and challenging. I will share your strength and courage with other students who are struggling in school.

Thank you for sharing your courage and wisdom, and congratulations on your success. Your story is inspiring.

Sincerely,

School Counselor

Document 6

Letter 4: Teacher

Dear Ms. Jones,

It has been a privilege working with you over the past few months to improve Osmar's school behavior. Your compassion and dedication is most impressive and inspiring. I appreciate your ongoing belief in the possibilities for Osmar to improve his school behavior. Based on his progress throughout this year, it appears that your attitude and efforts are having a positive impact.

I know it has been a challenging year to say the least—a year in which you could have given up on him long ago. Instead, you have done just the opposite by consistently going out of your way to try different approaches in support of Osmar's school behavior. Many of the students I work with require significant teacher effort and compassion to be successful in school, and it takes a caring and effective person to make these efforts day in and day out, and that is what you have done for Osmar. Someday I want to find out how you manage to do this.

On behalf of Osmar, his parents, and myself, thank you for everything you have done to help

Osmar at school.
Sincerely,

School Counselor
cc: School Principal

Appendix G

Tasks of Solution-Focused Counseling

1. *Establish Collaborative Relationships*
   - Adopt the ambassador mindset, and approach clients with humility and respect.
   - Look, listen, learn, and validate clients.
   - Compliment clients to boost their self-efficacy and hope.
   - Use change-focused language of empowerment, qualification, and presupposition.
   - Accommodate clients' position by listening for key words and phrases, exploring their opinions and preferences, and tailoring interventions to their position.
   - Obtain client feedback on outcome and alliance, and adjust services based on the feedback.
2. *Coconstruct Solvable Problems and Practical Goals*
   - Discuss problems in solution-focused ways by validating clients' struggles, defining a solvable problem, exploring previous solution attempts, and clarifying the influence of the problem.
   - Partner with clients to develop goals that are significant, specific, small, start based, and self-manageable (5-S guideline).
   - Use miracle and scaling questions that invite clients to focus on a preferred future and to describe small steps in that direction.
3. *Build on Exceptions and Other Student Resources*
   - Identify and build on exceptions to the problem (5-E method).
   - Identify and build on other student resources.
4. *Invite Clients to Change the Viewing and Doing of the Problem*
   - In changing the viewing, invite clients to consider different interpretations of the problem.
   - In changing the doing, encourage clients to do something differently in their performance of or response to the problem.
5. *Evaluate and Empower Progress*
   - Evaluate progress using client-based scaling, paper-and-pencil measures, permanent products, and single-case evaluation designs.
   - Empower progress by giving clients credit, clarifying the personal and social impact of changes, asking their advice for others, preparing for setbacks, and using letters and documents.
6. *End Counseling*
   - Approach every session as if it were the last.
   - Use goals as guidelines, end counseling when clients are on track, and provide a proper sendoff.

Appendix H
Format for First and Later Sessions

Format for First Session

Note. These steps should be flexibly applied and may vary depending on the client and the circumstances.

Orient Client: Use small talk to set the client at ease; explain your desire to be useful and the importance of client feedback.

Problem and Related Details: Define the client's concerns using the Outcome Rating Scale or Child Outcome Rating Scale (ORS/CORS) and follow-up questions; explore related details ("How is this a problem for you?" "What is your theory about the problem/solution?" "What's been tried, and was it helpful?" "How can I help?").

Goals (5-S Guideline): Use scaling (ORS/CORS or other scaling strategies) or the miracle question to develop goals that are significant, specific, small, start based, and self-manageable.

Exceptions and Other Resources: Explore exceptions ("When doesn't the problem happen?" "What's different about those times?" "What will it take to do more of it?"); explore other resources (explore client's ideas about solutions, resilience, hobbies, heroes, and social supports; how can resources be applied to the current concern?).

Can an Intervention Be Developed From Exceptions or Other Resources?

❑ Yes ❑ No

If yes, partner with the client to build on exceptions and/or other resources. If no, move to the next step.

(As Needed) Change the Viewing/Doing of the Problem: Change the viewing by offering a different interpretation of the problem; change the doing by suggesting the Do Something Different Task and anything else that alters the problem pattern.

Wrap-Up: Compliment the client on positive attributes, efforts to make things better, and other assets; review interventions and future plans; address any questions or comments from the client; administer and discuss the Session Rating Scale or Child Session Rating Scale (SRS/CSRS); thank the client for his or her cooperation and input; schedule the next meeting.

Format for Second and Later Sessions

Note. These steps should be flexibly applied and may vary depending on the client and the circumstances.

Review Progress: Use scaling (ORS/CORS or other scaling strategies) to assess the client's perception of progress and compare it to previous scores/numbers.

When the Client Reports Improvement: Ask for the client's theory ("How do you explain this?"); compliment and credit the client ("Very impressive. How did you figure out what to do?"); explore exceptions ("What was different about this week that made things better?"); empower progress ("How is life different at school since making these changes?" "How did you manage to make these changes?").

When the Client Reports No Change (or Slips): Ask for the client's theory ("What do you make of that? Should we try something different or hang in there and see if things change next week?"); normalize and validate ("Sometimes things get worse before they get better"); ask coping questions ("How have you kept things from getting worse? Where do you find the strength to keep trying?"); explore exceptions and other resources ("As bad as it was, was there anything that went well at school this week? What have you thought about doing but haven't done yet? How can we rally your support team to help turn things around?" "Is there anything you've learned from all this that might help you in the future?").

Can an Intervention Be Developed From Exceptions or Other Resources?

❑ Yes ❑ No

If yes, partner with the client to build on exceptions and/or other resources. If no, move to the next step.

(As Needed) Change the Viewing/Doing of the Problem: Change the viewing by offering a different interpretation of the problem; change the doing by suggesting the Do Something Different Task and anything else that alters the problem pattern.

Wrap-Up: Compliment the client on positive attributes/actions, efforts to make things better, and other assets; review interventions and future plans; address any questions or comments from client; administer and discuss the SRS/CSRS; thank the client for his or her cooperation and input; schedule the next meeting or terminate services based on the client's progress and input.

Appendix I

Instructions for Self-Modeling

1. *Videotape the student performing the desired behavior*. You may need to videotape a few different times to get enough behavior. You can also prompt/script students to perform desired behaviors if the behaviors are not occurring enough on their own. The purpose is to get the desired behaviors on tape, prompted or otherwise.
2. *Edit out inappropriate behaviors to create one or two videotapes of positive, desired behavior (about 2 minutes per tape)*. The editing does not have to be perfect, and small gaps between different episodes of behavior are no problem.
3. *View the tape with the student four or five times over a 2-week period*. There are two ways to do this: (a) You can simply sit with the student and watch the tape, redirecting the student's attention to the tape as needed; or (b) you can make occasional comments during the viewing session (e.g., "Wow, you're really working hard there"), as well as briefly following the session with comments or questions aimed at empowering the desired behavior (e.g., "How did you manage to pay attention so well and keep working?"). Given that the student's viewing of the video is the focus of the intervention, your comments and questions should be brief and sporadic.
4. *Measure changes in desired behavior*. Pick selected times at school to observe and measure changes in the desired behavior, and ask the student how school is going via formal or informal scaling questions. Assess progress by comparing pre- and postintervention ratings and levels of behavior.

Appendix J
Items for Solution-Focused Referral Forms

Teacher Referral Form

- ❑ What does the student do that you would like to see continue?
- ❑ What is the student good at?
- ❑ What does the student like to do in his or her free time?
- ❑ Who helps the student most when he or she has a problem?
- ❑ Of all the people in the student's life, whom does he or she respect the most?
- ❑ What special interests, talents, or hobbies does the student have?
- ❑ Describe a recent situation in which the problem usually occurs but was absent or less intense.
- ❑ What was different about that situation? What did you or the student do differently? What will it take for that to happen more often in the future?
- ❑ What do you think would improve things at school?

Parent Referral Form

- ❑ What is your child good at?
- ❑ What does your child like to do in his or her free time?
- ❑ Who helps your child most when he or she has a problem?
- ❑ Of all the people in your child's life, whom does he or she respect the most?
- ❑ What are your child's greatest interests and talents?
- ❑ What does your child have trouble with?
- ❑ What do you do when your child misbehaves at home, and how does that work?
- ❑ What do you do when your child behaves well at home, and how does that work?
- ❑ What needs to change at your child's school to help with his or her behavior?
- ❑ What else do you want us to know to help us work with your child at school?

Student Referral Form

Note. These questions are based on student interview or are completed independently by the student.

- ❑ What do you want to continue happening at school?
- ❑ Who helps you most when you have a problem at school?
- ❑ Of all the people in your life, whom do you admire and respect the most? What do they do that is helpful to you?
- ❑ What do you like to do when you're not at school?
- ❑ When does the problem not happen? What is different about those times? What will it take to do more of that?
- ❑ What could we do to make school better for you?
- ❑ Is there anything else we need to know to help you?

Appendix K

Websites

Among the hundreds of websites related to solution-focused practice, the following sites will be particularly helpful to readers who want to learn more about the client-directed, solution-focused approach described in this book.

http://www.drjohnmurphy.com
(Change-Focused Practice in Schools)

My website includes a variety of workshop offerings and materials on respectful, collaborative approaches to helping young people change with dignity by building on their strengths, resources, and feedback.

http://www.heartandsoulofchange.com
(Heart and Soul of Change Project)

This site, managed by Barry Duncan, offers webinars, client feedback tools, videos, research articles, and other resources related to client-directed, outcome-informed practice.

http://www.sfbta.org
(Solution-Focused Brief Therapy Association)

As the online home of the Solution-Focused Brief Therapy Association, this site includes information on solution-focused brief therapy, books and resources, and links to other websites.

http://www.solutionsdoc.co.uk
(Alasdair Macdonald)

This site maintains an ongoing list of research on solution-focused brief therapy and other applications of solution-focused practice.

http://www.solutionorientedtraining.com
(Ioan Rees)

This site offers training in solution-oriented applications and programs, including a three-session intervention model and a program for developing solution-oriented schools.

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